

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space

7651

1. PLACE OF DEATH

County Ralls
Township Jasper
City Jasper (No. 1)

Registration District No. 9/2
Primary Registration District No. 5-9-10-13

File No. 5
Registered No. 5
St. Ward

2. FULL NAME

Lulu Hubbard Warren

(a) Residence. No. 1 St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. 1 mos. 1 da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Bailey Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22, 1893

7. AGE 85 YEARS 5 MONTHS 13 DAYS IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ralls County

10. NAME OF FATHER

Richard Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Betsy Organ

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Maryland

14.

INFORMANT Mrs. Lulu Warren
(Address) Jasper, Mo.

15.

FILED 2/5 19 24 Mollie Fugere
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 19 29 to Feb 3 19 29
that I last saw him alive on Feb 1 19 29 and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
106 B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Bant M. D.

7/5/29 (Address) Wendover Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hayo Creek Cemetery

DATE OF BURIAL

Feb 5 19 29

20. UNDERTAKER

W. H. H. H.

ADDRESS

Wendover

WHILE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1929

