

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

MAY 27 1929

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

Do not use this space.

11342

1. PLACE OF DEATH

County *Fayette*
Township
City *Odessa* (No.)

Registration District No. *464*
Primary Registration District No. *4277*

File No. *13*
Registered No. *20*
St. Ward)

2. FULL NAME *Mary Rebecca Warner*

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

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

J.B. Warner

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

June 18 / 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>75</i>	<i>8</i>	<i>24</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House-keeper*
(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)

Marysville Ohio

10. NAME OF FATHER

David Harlan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Margaret Bummel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Clinton Co. Ohio

14. INFORMANT

Francis Warner
(Address) *Odessa, Mo.*

15. REGISTRAR

May 12 1929
R. C. Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 17 1929*

17. I HEREBY CERTIFY, That I attended deceased from *March 12, 1929*, to *March 12, 1929*, that I last saw her alive on *March 12, 1929*, and that death occurred, on the date stated above, at *8:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/5 / 18
CONTRIBUTORY (SECONDARY) *18*
(duration) yrs. mos. ds. *7*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *C. Miller*, M. D.

4-9-1929 (Address) *Independence 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

Odessa Cemetery

DATE OF BURIAL

3/15 1929

20. UNDERTAKER

L. C. Fisman

ADDRESS

Odessa

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.

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