

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.

10-11
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1655

1. PLACE OF DEATH

County Jefferson
Township Jackson
City Crystal City (No.)

Registration District No. 421
Primary Registration District No. 3575

File No.
Registered No. 7
St. Ward)

FULL NAME William Benjamin Warren

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — da. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs Sola Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 — — 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Glass Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Mfg. Pittsburgh Plate Glass
(c) Name of employer Pittsburgh Plate Glass

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Lanes Mo Perry Co.

10. NAME OF FATHER Dick Warren

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

12. MAIDEN NAME OF MOTHER M. Sandlers

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

14. INFORMANT Mrs Sola Warren
(Address) Crystal City Mo.

15. FILED 1/30 1930 J. B. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1930, to Jan. 26, 1930
that I last saw him alive on Jan. 26, 1930 and that death occurred, on the date stated above, at 8:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

CONTRIBUTORY (SECONDARY)

1010 (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) John F. Rutledge M. D.

1/27, 1930 (address) Crystal City 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 Festus 240 DATE OF BURIAL Jan 29 1930

20. UNDERTAKER Festus + Vanguard ADDRESS Festus 240

