MAY 27 1930

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

Do not use this space.

~~10096~~ 13709

1. PLACE OF DEATH
County Reynolds
Township Lesterville
City ..... (No. ..... St. ..... Ward)
Registration District No. 749
Primary Registration District No. 4420
File No. .....
Registered No. 3

2. FULL NAME Earl Tilden Warley
(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 yrs. 2 mos. 5 ds. 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1930
7. AGE Years | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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) ~~Lesterville~~ Mo

PARENTS
10. NAME OF FATHER Franklin Warley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bey Co
12. MAIDEN NAME OF MOTHER Nellie Jane Asher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co, Mo

14. INFORMANT Mrs Tom Radford (Address)
15. FILED 4/7, 1930 C. M. Fitzpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1930
17. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1930, to April 6, 1930 that I last saw him alive on April 2, 1930, and that death occurred, on the date stated above, at 9:15 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis (acute)
1198 (duration) 1 3 13 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Can't say
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
4/7 (Signed) C. M. Fitzpatrick, M. D
, 1930 (Address) Lesterville

*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 Rayfield Cemetery
DATE OF BURIAL 4/7 1930
20. UNDERTAKER none
ADDRESS

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.