

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

Do not use this space.

19315

PLACE OF DEATH Fender Hotel  
 County Jackson  
 Township Blair  
 City Independence (No. ....)

Registration District No. 398  
 Primary Registration District No. 3019

File No. ....  
 Registered No. 197  
 St. .... Ward)

2. FULL NAME Arthur C Warner  
 (a) Residence. No. 116 South Liberty St. 4 Ward Fender Hotel  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 7 - 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 8  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer —

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930  
 17. I HEREBY CERTIFY, That I attended deceased from July 24, 1929, to June 14, 1930  
 that I last saw him alive on June 14, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral tumor stage  
131  
82A  
17 (duration) yrs. mos. ds. 3 ds.  
 CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis & arterio-sclerosis  
30 years (duration) yrs. mos. 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? Chemical test  
 (Signed) Chas. Allen M. D.

\*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.

9. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Don't know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Shepherd  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL June 17 1930  
 20. UNDERTAKER Ott & Mitchell ADDRESS Indep. Mo.

14. INFORMANT Shepherd  
 (Address) 302 N. Spring Indep Mo  
 15. FILED 6-16-30 JH Cook REGISTRAR

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

1222  
 1930

2  
 50

