

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

Do not use this space.

23 1931

4673

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 194
Township Joseph Primary Registration District No. 1001 Registered No. 194
City St. Joseph (No. 4702 King Hill Ave.) Ward 1st

2. FULL NAME

(a) Residence, No. 4702 King Hill Ave. Ward. _____
(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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 - 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 11 29
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) House work 235
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) mo
10. NAME OF FATHER Rubin Warfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia (STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Emily Covins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia (STATE OR COUNTRY) mo

14. INFORMANT Floyd Warfield (Address) 4702 King Hill Ave.

15. FILED John D. Bender REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18th 1931
17. I HEREBY CERTIFY, That I attended deceased from 17th Feb 1931, to Feb 17th 1931, that I last saw him alive on Feb 18th 1931, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

129 Peritonitis
12019
Overwork
CONTRIBUTORY (SECONDARY) Intestinal Putrefaction (duration) yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED Do not know
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS Observation
(Signed) R. H. Caswell M. D.
2/21 1931 (Address) 720 S. 24th St. St. Joseph
*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 Ashlawn Cemetery DATE OF BURIAL 2/21 1931

20. UNDERTAKER Ransley Funeral Service ADDRESS St. Joseph, Mo.

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.

FEB 21 1931

