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

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.

SEP 22 1931

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

Do not use this space.

28030

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 604
City Springfield (No. Springfield Hospital St. Ward)

2. FULL NAME Josephine Warner
(a) Residence, No. Harrison Ark 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 - 1907

7. AGE ~~26~~ YEARS 23 MONTHS 8 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) at Present
11. Total time (years) spent in this occupation 2 or 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Josephine Towers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) D L Owens Harrison Ark

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrison Ark DATE 8-17-1931

19. UNDERTAKER (ADDRESS) Woodruff Und. Co. Harrison Ark

20. FILED 8-16 1931 Lois Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1931, to 8/17, 1931
I last saw her alive on 8/17 45, 1931. Death is said to have occurred on the date stated above, at 2 4 m.
The principal cause of death and related causes of importance were as follows:
Shock from injuries of accident 2 1/4 hr
210

Date of onset

Other contributory causes of importance:
Fractured pelvis
Left Lower mandible
Left Femur & Left ankle

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/16, 1931
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway near Harrison Ark
Manner of injury Auto accident
Nature of injury Collision

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D L Owens M. D.
(Address) Harrison Ark

bcc