

SEP 24 1931

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

Do not use this space.

132109

1. PLACE OF DEATH

County Pettis
Township Bedalia
City Ray (No. 1510)

Registration District No. 668
Primary Registration District No. 3032

File No. 132109
Registered No. 273
St. Mo Ward

2. FULL NAME

(a) Residence, No. Ray St. Warren Ward. (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 M 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 Sept 17-1900
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1900
7. AGE YEARS 31 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. of min.

8. Trade, profession, or particular kind of work done, as planter, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

13. NAME J W Warren

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

15. MAIDEN NAME Carrie Elliott

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Mrs Carrie Warren (ADDRESS) Bedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE Sept 27, 1931

19. UNDERTAKER Bieggs (ADDRESS) Bedalia Mo

20. FILED 9-26, 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Sept 25, 1931
Last saw him alive on Sept 25, 1931 Death is said to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
25A
25
Other contributory causes of importance:

Name of operation None Date of Mo
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) George Bokling, M. D.
(Address) Bedalia Mo

