40696 a

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

Do not use this space.

~~40696 a~~

File No. 37433-a

Registered No. 7

1. PLACE OF DEATH

County Greene — Registration District No. 321

Township Washington — Primary Registration District No. 5445

City Rogersville R (No. ..... St. ..... Ward)

2. FULL NAME James Robert Warner

(a) Residence No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1887

7. AGE: 33 YEARS, 11 MONTHS, 19 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Tennessee

FATHER
13. NAME John Warner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

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

17. INFORMANT (ADDRESS) Mrs. Linda Warner Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pembina Cem. DATE Nov. 21 1931

19. UNDERTAKER (ADDRESS) Kelley & Terrell Und. Co.

20. FILED 1/18 1932 M L Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1931

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ after death, 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

no physician

Probably Cerebral Apoplexia

82A

97 82A

Date of onset

Other contributory causes of importance:

Arterio Sclerosis — some yrs

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? .....

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 .....

(Signed) W A Atkins L R, M. D.

(Address) Rogersville Mo.

Jan 2. 1932 Mrs G C Proctor

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.

37433-a

JAN 22 1932