

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

Do not use this space.

1. PLACE OF DEATH

32 County DeKalb Registration District No. 259
 Township Carleton Primary Registration District No. 4158
 City Amity (No. _____ St. _____ Ward _____)

File No. 4203

Registered No. _____

2. FULL NAME Sylvester Hall Warrick

(a) Residence, No. _____ 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 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) April 25, 1860

7. AGE YEARS 71 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Montgomery Co., Ill.

13. NAME S.H. Warrick

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

15. MAIDEN NAME Ann Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia B.C.

17. INFORMANT Charles Warrick (ADDRESS) Amity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amity DATE 2-10-32, 1932

19. UNDERTAKER U.G. Pilcher (ADDRESS) Maysville Missouri

20. FILED 2/10 1932 J. P. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from death 2/9/32, 1932

I last saw him alive on Jan 29th, 1932 Death is said

to have occurred on the date stated above, at 6 A.M.

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

Pneumonia

Date of onset _____

Other contributory causes of importance: naturally

Name of operation _____ Date of _____

What test confirmed diagnosis? Emphysema 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 _____, 1932

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) John M. Brown, M. D.

(Address) Maysville Missouri

N. B. - Information should be carefully supplied and should be stated EXACTLY. Place of death should be stated EXACTLY. Place of death should be stated EXACTLY. Cause of death should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. Cause of death should be stated EXACTLY.

200

100

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County DeKalb

Registration District No. 23-9

File No.

Township

Primary Registration District No. 413-8

Registered No.

City Emmit

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

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

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
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)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

Feb 10 1932 2 Phelps

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 9 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at

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

Influenza
108

Other contributory causes of importance

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

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)

M. D.

(Address)

Every item of information should be carefully supplied. AG. 2. 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.

NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS

REG.

