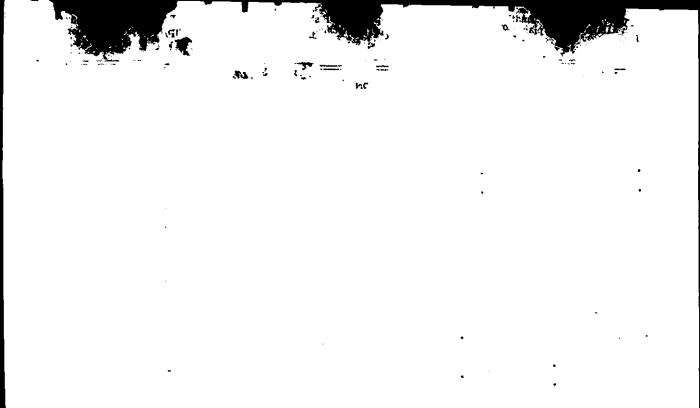
## MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County DeKalb Registration District No...... Primary Registration District No. 7/57 Township Caurel 671 Registered No..... Chy Amity 2. FULL NAME Sylvester Hall Warrick should be stated EXACTLY. Proc. Exact statement of OCCUPA (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 How long in U.S., if of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH €3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) Male White Single CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED 9.1. 19.3 L **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 25: 1860 to have occurred on the date stated above, at ... G. ... m. The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS DAYS If LESS than 1 day. .....hrs. or .....min. Trade, profession, or particular kind of work done, as spinner, **OCCUPATION** at home mation should be carefully supp. 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 11. Total time (years) spent in this this occupation (month and year).... occupation... 12. BIRTHPLACE (CITY OR TOWN) MO n tgomery Co. III FATHER S.H. Warrick 13. NAME Name of operation. 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) What test confirmed diagnosis?..." Was there an autopsy? And.... Pennsyl van ia 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Ellintt MOTH 16. BIRTHPLACE (CITY OR TOWN) NO. VA SCOTIA B.C. Y Where did injury occur?..... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Charles Warrick 17. INFORMANT.... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury PLACE\_Amitv 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER... (ADDRESS) Missour. (Signed)..... Registrar.



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED HYSICIANS shoul; state FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... File No. Primary Registration District No. Registered No..... 2. FULL NAME.. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? mos. COMPL PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) I HEREBY CERTIFY. That I attended deceased from 5A. IF/MARRIED, WIDOWED, OR DIVORCED ...., to....., 19.... HUSBAND OF (OR) WIFE OF I last saw h..... alive of 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the cestated above, at.....n. The principal cause of de ath and related causes of importance were as follows: 7. AGE YEARS DAYS If LESS than 1 MONTHS day, .....hrs. Date of onset Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc .... Industry or business in which work was done, as slik mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this <u>ē</u> occupation..... year)..... 별 12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) should PATHER 13. NAME RECEIV What test confirmed diagnosis?..... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 旨 , u Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN)...... (Specify city or town, county, and State) (STATE OR COUNTRY) item of Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT..... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS) Registrar?

