

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

Do not use this space.

8853

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 Township Madison Primary Registration District No. 3020
 5 City Bethel Mo. (No. County Jail) St. _____ Ward _____
 12. FULL NAME Lew Edward Warden
 (a) Residence, No. E. 4th St. St. _____ Ward. Mountain View Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. _____ da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26th 1894</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>337</u>	
	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) <u>Kansas City, Mo.</u>		
FATHER	13. NAME <u>Frank T. Warden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. 2</u>	
MOTHER	15. MAIDEN NAME <u>Viola Bell Carpenter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New -</u>	
17. INFORMANT <u>Mar Frank T. Warden</u> (ADDRESS) <u>2313 Murphy, Jasper Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park Co. Mo.</u> DATE <u>3/7</u>		
19. UNDERTAKER <u>Wm. Drake</u> (ADDRESS) <u>Carthage Mo.</u>		
20. FILED <u>3-5-1932</u> <u>W. L. Behr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3-1932 to 3-3-1932
 I last saw him alive on 3-3-1932 Death is said to have occurred on the date stated above, at 6:15 A.M.
 The principal cause of death and related causes of importance were as follows:
fracture of neck -
Death by hanging
 Other contributory causes of importance:
Legal execution
none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 3-3-1932
 Where did injury occur Jasper Mo - Jail
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hanging (Legal)
 Nature of injury fracture of neck

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L. J. Summers, M. D.
 (Address) Warney Paper Co.

Date of case:
3/3/32
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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.

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

MAR 23 1932

