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.

JUL 23 1932

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

Do not use this space.

19312

1. PLACE OF DEATH

42 County Henry — Registration District No. 349 — File No.

Township Dunnegan — Primary Registration District No. 5499 — Registered No. 159

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Carley Gean 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 1 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 13U

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 11B

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation 10 3B

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

FATHER

13. NAME Earnest Warner

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

MOTHER

15. MAIDEN NAME Muriel Jordan

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

17. INFORMANT (ADDRESS) Mrs. H. W. Warner Homewood Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blairstown Mo DATE June 12 1932

19. UNDERTAKER (ADDRESS) J. A. Kinney Calhoun Mo

20. FILED June 12 1932 Mrs. A. A. Gray Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1932 to 6/10, 1932

I last saw him alive on 6/10, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Dysentery

Alteration of lower bowel

Other contributory causes of importance: 120

Hemorrhage

Date of onset

Name of operation None Date of no

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) Ed C. Pielor, M. D.

(Address) Clinton Mo