

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

Do not use this space.

31767

1. PLACE OF DEATH

County Clay Registration District No. 201
 24 - Township Liberty Primary Registration District No. 3017
 3 - City Liberty (No. _____) St. _____ Ward _____
 4 - _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 90

2. FULL NAME

William M. Warren
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Mary Shannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1888

7. AGE YEARS 43 MONTHS 10 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Clay Co. Mo.

13. NAME Wiram Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

15. MAIDEN NAME Alvordine Steph

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

17. INFORMANT (ADDRESS) Mrs. Mary Warren Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville Mo DATE 10-18-1932

19. UNDERTAKER (ADDRESS) L. F. Rollins Plattville, Mo.

20. FILED 11/10/32 19 W. H. Hodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932, to Oct 16, 1932

I last saw him alive on Oct 16, 1932. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Ulcer of Stomach with Hemorrhage
117A
 Other contributory causes of importance:
118C 117A

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? No

If so, specify _____

(Signed) W. M. Cuthbertson, M. D.

(Address) Liberty Mo.

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.

NOV 22 1932

