

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

Do not use this space.

35246  
1

**1. PLACE OF DEATH**

31 County Dave  
4 Township Jamesport  
3 City Jamesport (No. ...., St. .... Ward)

Registration District No. 252  
Primary Registration District No. 4152

File No. ....  
Registered No. 16

**2. FULL NAME** Joseph R. Warren

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Jamesville 2  
(STATE OR COUNTRY) Wisconsin

FATHER 13. NAME Meris Hamley

14. BIRTHPLACE (CITY OR TOWN) Unknown 31  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Harriett Bunker

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

17. INFORMANT Mary W. Avant  
(ADDRESS) 6255 Puchug. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jamesport, Mo. DATE Dec. 1 1932

19. UNDERTAKER Bern C. Davis  
(ADDRESS) Trenton, Missouri

20. FILED Dec. 14 1932 J. R. Hook  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1928, to Nov. 29 1932.  
I last saw h. a. alive on Nov. 29 1932. Death is said to have occurred on the date stated above, at 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Diabetic Coma Date of onset  
59  
59  
Other contributory causes of importance:  
Diabetes mellitus ①

Name of operation Chemical Analysis Date of .....  
What test confirmed diagnosis? Yes Is 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? .....  
If so, specify .....  
(Signed) P. V. Thompson M. D.  
(Address) Jamesport, Mo.

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.

JAN 23 1933

MENT RECORD

