

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.

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

Do not use this space.

6172

1. PLACE OF DEATH
 47 County Copper Registration District No. St. Johns Co. 70
 Township Walden File No. _____
 City Joplin No. Mo. 1322 Primary Registration District No. 2003 Registered No. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 2. FULL NAME Floyd J. Warren Ward _____
 (a) Residence, No. _____ St. _____ Ward _____
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1906

7. AGE YEARS 26 MONTHS 8 DAYS 15 (LESS than 1 day, hrs. or min.)

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pagers
 9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. Orb. Works
 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) Joplin Mo

FATHER
 13. NAME Frank Warren
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME May Copper
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Joplin Mo

17. INFORMANT Mrs. May Copper
 (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REPOUNDING PLACE Forest Park DATE 2-12-1933

19. UNDERTAKER Hurlbut and Co
 (ADDRESS) Joplin Mo

20. FILED 2/15 1933 Anderson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1933 to 2-13-1933
 I last saw him alive on 2-13-33, 1933 Death is said to have occurred on the date stated above, at 8:00 m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis following rupture of appendix
 Date of onset _____

Other contributory causes of importance:
1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300

Name of operation Appendix Date of 2-8-33
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) H. L. Wilber, M. D.
 (Address) Joplin Mo

