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

Do not use this space.

8334

1. PLACE OF DEATH

113 County Worth — Registration District No. 903 — File No.

2 Township Fletchall — Primary Registration District No. 6212 — Registered No. 4

2 City Grant City (No. ..... St. ..... Ward)

2. FULL NAME Florence Wall Warden

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant city
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Cumberland Wall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Jeddia Jobb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Silas Warden
(Address) Grant City

15. FILED Feb 17 1933 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to 2-16, 1933 that I last saw her alive on 2-15, 1933, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of Liver. Carcinoma
HCF (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 468 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. Ross, M. D.
2-17, 1933 (Address) Grant City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Honey Grove Cem	2/17 1933
20. UNDERTAKER	**ADDRESS**
Arch C. Dunfee	Grant City

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.

MAR 31 1933