

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

Do not use this space.

**23424**

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Paris Primary Registration District No. 4235  
 City Leas Summit Residence Residence St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 128

**2. FULL NAME**

(a) Residence, Not \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>March 3-1858</u>  |                                  |   |
| 7. AGE<br><u>75</u> ✓   | YEARS<br><u>3</u>                | MONTHS<br><u>15</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>housekeeper</u> |                                  | 11. Total time (years) spent in this occupation                             |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                                |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)   |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Chillicothe Mo.</u>  |                                  |   |
| 13. NAME<br><u>Thaddeus W. Warden</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Glencow Mo.</u>  |                                  |   |
| 15. MAIDEN NAME<br><u>Mary A. Stone</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>James town Mo.</u>   |                                  |   |
| 17. INFORMANT<br><u>W. S. Warden</u><br>(ADDRESS) <u>3408 E. 62nd St. - 18. E. - Mo.</u>                          |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br><u>Leas Summit</u> DATE <u>7/20-1933</u>                                     |                                  |   |
| 19. UNDERTAKER<br><u>Fields James Co.</u><br>(ADDRESS) <u>Leas Summit Mo.</u>                                     |                                  |   |
| 20. FILED <u>7-20-33</u> <u>William J. Fields</u><br>Registrar.   |                                  |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-18-1933

22. I HEREBY CERTIFY That I attended deceased from July 12, 1933, to July 18, 1933  
 I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 1:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Encephalitis  
785  
7805  
 Date of onset 5/28/33

Other contributory causes of importance:

Name of operation none 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? no 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) Clint L. Miller, M. D.  
 (Address) Leas Summit 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.

