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.
37069

1. PLACE OF DEATH
County: Lewis
Township:
City: Lewistown (No. , St. Ward)
Registration District No. 481
Primary Registration District No. 4290
File No. 3
Registered No. 5

2. FULL NAME: Julia Warming
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

FATHER
13. NAME Jacob Sorenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Maud Warming.
(ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown, Missouri DATE Dec. 4. 1933

19. UNDERTAKER James Loder
(ADDRESS) Lewistown, Missouri.

20. FILED Dec 2 1933 C. C. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933, to December 2, 1933
I last saw her alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 5:50 P.M.
The principal cause of death and related causes of importance were as follows:
Heart Failure — Date of onset? Nov 27
Other contributory causes of importance: Weakness from age — For years
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? None

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) Thomas L. McBrachen M.D.
(Address) Lebanon Mo.