

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

Do not use this space.

8489

1. PLACE OF DEATH

County FranklinRegistration District No. 293Township CalveyPrimary Registration District No. 5416

City _____ (No. _____)

File No. 56

Registered No. _____

St. _____ Ward _____

2. FULL NAME Geo W. Warner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Warner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22-1861</u>		
7. AGE <u>73</u>	YEARS <u>0</u>	MONTHS <u>27</u>
		DAYS <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>1/12/1934</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri13. NAME Peter P. Warner14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Kain16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany17. INFORMANT Mrs. W. A. Stephens (ADDRESS) Chicago, Illinois18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkwood, Mo. DATE Mar 22, 193419. UNDERTAKER Jno. A. Riches & Son (ADDRESS) Pacific Mo.20. FILED 11-10-1934 Shuman Registrar. Caputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1934, to Mar 19, 1934I last saw him alive on Mar 19, 1934. Death is saidto have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset 3-15-34

Solar pneumonia

108

108

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. L. McNay, M. D.(Address) Pacific, Mo.

