

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

Do not use this space.

*Davis*

9641

MAY 25 1934

**1. PLACE OF DEATH**

County Macon

Registration District No. 533

Township Macon

Primary Registration District No. 2027

City Macon (No. ....)

File No. ....

Registered No. 32

St. .... Ward

**2. FULL NAME** Adelia 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>3</u>	<u>01</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Howard Co Mo

13. NAME Chas F Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn

15. MAIDEN NAME Jellean Drass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Margaret Brown (ADDRESS) Carroll Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Mar 26 1934

19. UNDERTAKER Walter Skinner (ADDRESS) Macon Mo

20. FILED Apr 10 1934 Gene Cross Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 1934 to Mar 23 1934

I last saw her alive on Mar 23 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

HA

Lobar Pneumonia

Influenza

Other contributory causes of importance: HA

Name of operation ..... 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? ..... 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) W.A. Davis M. D. (Address) Macon, Mo.

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.

