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.

9713

File No. ____
Registered No. 12

1. PLACE OF DEATH
County: Mercer
Township: ~~Morton~~
City: Princeton (No. ____, ____ St. ____ Ward)

Registration District No. 556
Primary Registration District No. 4378

2. FULL NAME: Warner Leon Wendt

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16 1931

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
2	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Ravanna Mo

FATHER
13. NAME: George Wendt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Mo

MOTHER
15. MAIDEN NAME: Lula Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co Mo

17. INFORMANT (ADDRESS): George Wendt Mercer Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Spickard Cemetery DATE: Apr 1 1934

19. UNDERTAKER (ADDRESS): Neil Moss Trenton Mo

20. FILED: 3/31 1934 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 31, 1934
I last saw h. alive on March 31, 1934. Death is said to have occurred on the date stated above, at 5 ___ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
4th E	
72A	

Other contributory causes of importance: Cirrhosis Liver

Name of operation: none Date of ____
What test confirmed diagnosis? Clinical Signs Was there an autopsy? no

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) Dr Ross L Dyell M. D.
3/31/34 (Address) Princeton, Mo.