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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH
County: Nodaway
Township: Jefferson
City: Conception Jct. (No. ..... St. ..... Ward)

Registration District No. 6 20
Primary Registration District No. 5822

File No. 9867
Registered No. .....

2. FULL NAME: Willard Delano Warden

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30, 1934

7. AGE: Years 0 ; Months ~~Jan~~ 1 ; Days ~~30~~ 3 ; If LESS than 1 day, ... hrs. or ..... min.

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. None
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): Conception Junct. Mo

FATHER

13. NAME: Willard F. Warden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Marie German
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Willard F. Warden Ravenwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ravenwood DATE: March 1934

19. UNDERTAKER (ADDRESS): Simon Ross Ravenwood Mo

20. FILED: Mar 7 1934 Mabel M. Graham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Mar 3, 1934
I last saw h... alive on Mar 3, 1934. Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	8 DA
Acute Pneumonia	7 DA
Contusion	

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) J. M. Boyle, M. D.
(Address) Conception Junct. 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.