WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 25 1934

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

Do not use this space. 12884

File No. 1632

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No.
Township KAW Primary Registration District No.
City KANSAS CITY (No. 3205 MYRTLE St. Ward)

2. FULL NAME GEORGE E WARNER
(a) Residence, No. 3205 MYRTLE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. CLARA E. WARNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 17 - 1865

7. AGE: YEARS 68 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STONEMASON
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 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLACK EARTH WISCONSIN

FATHER
13. NAME GEORGE WARNER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME MATILDA LAMPMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANADA

17. INFORMANT (ADDRESS) MRS. CLARA E. WARNER 3205 MYRTLE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE APRIL - 11 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED 4-10 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933, to April 9, 1934
I last saw him alive on April 9, 1934. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis 95C	Aug 2, 1933
Left Hemiplegia 95	
95H	

93

Other contributory causes of importance:
Chr. Myocarditis
Auricular Fibrillation
Several years

Name of operation — Date of
What test confirmed diagnosis? 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? no.
If so, specify —
(Signed) E. A. Wilkinson, M. D.
(Address) 900 Professional Bldg.

900 Professional Bldg

12-3