MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 391 — File No. 13118

Township ~~Kaw~~ — Primary Registration District No. 1[illegible] — Registered No. 1869

City Kansas City (No. 235 Ward Parkway St. Ward)

2. FULL NAME Warren Lawrence Prickett

(a) Residence, No. 235 Ward Parkway St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Helen Prickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
03	60	7	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing

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) Fairmont West Virginia

FATHER

13. NAME J. O. Prickett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmont W. Virginia

MOTHER

15. MAIDEN NAME Sarah Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Mrs. Helen Prickett 235 Ward Parkway K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasanton, Kan DATE 4/27/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED Apr 26 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 '34

22. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1934, to Apl 25, 1934

I last saw him alive on Apl 25, 1934. Death is said to have occurred on the date stated above, at PM m.

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

Carcinoma of Stomach

Date of onset

46

Other contributory causes of importance: Gen. weakness and inability to retain food

Name of operation none Date of

What test confirmed diagnosis? Yes Clinical Laboratory 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) [signature], M. D.

(Address) 1202 Waldheim Bldg.

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.

Dr. J. J. Beattie
Matthews Bldg
12:30 to 5: