

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13780

1. PLACE OF DEATH

County

Pettis

Registration District No.

Township

City

Sedalia

(No.)

Primary Registration District No.

3032

File No.

121

Registered No.

668

St.

Ward)

2. FULL NAME

Thomas Harrison Warren

(a) Residence, No.

320 W. Saline

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs Eva Warren

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

Sept 25-1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

26

5

1

OCCUPATION

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

Retired

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

Farmer

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)

Gloucester Mo.

FATHER

13. NAME

John Warren

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

Don't know

MOTHER

15. MAIDEN NAME

Katie Shane

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

Don't know

17. INFORMANT (ADDRESS)

Mrs Eva Warren 320 W. Saline

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salt Fork

DATE 4-10-1934

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia Mo

20. FILED

4-10-1934 Jean Slack

Registrar.

2

MEDICAL CERTIFICATE OF DEATH

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

April 7-1934

22. I HEREBY CERTIFY, That I attended deceased from April 3-1934 to April 7-1934

I last saw him alive on April 7-1934 Death is said to have occurred on the date stated above, at 3-20 p.m.

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

Date of onset

Corynebacterium

Influenza

Other contributory causes of importance:

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

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)

M. D.

(Address)

Sedalia 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

