

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

Do not use this space.

1. PLACE OF DEATH

County St. Francis
Township Danforth
City St. Marys (No.)

Registration District No. 779
Primary Registration District No. 6034A

File No. 17903
Registered No.
St. Ward)

2. FULL NAME

Jamie F. Warren
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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) Sept. 3, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 19

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

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) Reynolds County, Missouri

13. NAME George Warren

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

15. MAIDEN NAME Elvira Copelin

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

17. INFORMANT Mary Warren (ADDRESS) Keeloge

18. BURIAL, CREMATION, OR REMOVAL PLACE Herold DATE May 23, 1934

19. UNDERTAKER C. J. Bayer (ADDRESS) Keeloge

20. FILED May 24, 1934 W. P. Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to April 1934

I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 2 pm.

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

myocardial infarction
arterio-sclerosis
architis of shoulders, knees & hip
arterio-sclerosis
Date of onset unk

Other contributory causes of importance architis of shoulders, knees & hip
arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? clinical 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 Harold O. Gabe, M. D.
(Signed) Harold O. Gabe
(Address) Keeloge 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.

JUN 26 1934

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