SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No. 28481
Township — Primary Registration District No. 3008 — Registered No. 207
City Fulton (No. , St. Ward)

2. FULL NAME Mary Warnke
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Don't Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (? ?) 1863
7. AGE 71 YEARS ~~1863~~ MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
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) Don't Know

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Theo Halzem Morrison, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrison Mo DATE Aug 2nd 1934
19. UNDERTAKER (ADDRESS) Arnold Hummert Morrison Mo.
20. FILED 8-1 1934 R. D. Cicus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Aug 1, 1934
I last saw her alive on ~~July~~ Aug. 1, 1934. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Art Sclerosis	
Senility	
97	
162	

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, 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?
If so, specify
(Signed) J. Balz, M. D.
(Address) State Hosp No 1 Fulton, Mo.

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.

100M-11-24-33