

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

Do not use this space.

NOV 22 1934

28565

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 1257
Township _____ Primary Registration District No. 3009
City Cape Girardeau, MO No. St. Francis Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Robert Warren

(a) Residence, No. _____ St. _____ Ward. Wardell, Mo

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 8/27 to 8/31

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1912

I last saw him alive on 8/31, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 22 1 28

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Date of onset _____

Penetrating
thoracic wound

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell, Mo

Other contributory causes of importance: _____

13. NAME James T. Warren

Name of operation laparotomy Date of 8/27/34

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell, Mo

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Mary Frances Meath

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acc Date of injury 8/27, 1934

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, MO

Where did injury occur? Near St. Francis Hospital, Mo
(Specify city or town, county, and State)

17. INFORMANT Self & bro

Specify whether injury occurred in industry, in home, or in public place. Public place

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal to Portageville, Mo

Manner of injury knife thru eye

19. UNDERTAKER H. S. Smith

Nature of injury _____

(ADDRESS) Carrollville, Mo

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(ADDRESS) _____

20. FILED 10-31 1934 J. M. Thompson Registrar.

(Signed) A. D. Smith, M. D.
(Address) 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 PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

Mr

W. H. D. Smith

13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

28565

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 399
 City Cape Girardeau (No. St. Francis Hosp) St. _____ Ward _____

2. FULL NAME

James Robert 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7: AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 1 28

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

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-29-1935 J. M. Thompson Registrar (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:
Deceased was riding motor cycle.

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 motor cycle accident
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 28 1935

59582-5