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.

SEP 20 1934

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

SEP 21 1934

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Grand Pass
City Malta Bend (No. ..... St. ..... Ward)

Registration District No. 795
Primary Registration District No. 4476.

File No. 34885
Registered No. 14

2. FULL NAME Anna Fay Warren

(a) Residence, No. Malta Bend, Mo St., ... Ward.
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Buell Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Malta Bend, Mo.

FATHER
13. NAME Oman Rozell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Bend, Mo.

MOTHER
15. MAIDEN NAME Ollie Frazee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami, Mo.

17. INFORMANT (ADDRESS) Buell Warren Malta Bend, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Malta Bend, Mo DATE Sept. 3, 1934

19. UNDERTAKER (ADDRESS) Vandiver Mortuary Marshall, Mo

20. FILED 9-2, 1934 Per Fletcher Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 1st, 1934
I last saw her alive on Sept 1st, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
23A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Physical Signs 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 —
(Signed) A. F. Brown, M. D.
(Address) Malta Bend Mo.

90
41
23
64