

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

Do not use this space.

8085

APR 9 1935

1. PLACE OF DEATH

County Boone Registration District No. 73  
Township Columbiana Primary Registration District No. 5112  
City (No. ) St. Ward

File No. ....  
Registered No. 55

2. FULL NAME

James Edward Warren  
(a) Residence. No. R 7A #1 St. Ward. (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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-15-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone Co Mo. (STATE OR COUNTRY)

10. NAME OF FATHER James E Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ola Mae Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co (STATE OR COUNTRY)

14. INFORMANT Forrest Warren (Address) Columbia Mo RR #1

15. FILED 3/19/35 Allie Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19 1935

17. I HEREBY CERTIFY, That I attended deceased from 3-15-35 19 to 3-19-35 19 that I last saw him alive on 3-15-35 19 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Probably Traumatic injury from 7 deep lacerations of back  
(duration) yrs. mos. ds.  
CONTRIBUTORY none (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 600  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Ed Moore M.D.  
5-19-35 (Address) Columbia Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Log Providence DATE OF BURIAL 3/20/1935

20. UNDERTAKER James Warren (Father) ADDRESS Columbia 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.

