

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

Do not use this space.

8212

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 527
 City _____ (No. County Infirmary St. _____ Ward _____)

File No. 33
 Registered No. 33
 St. _____ Ward _____

2. FULL NAME Andrew Jackson Warden

(a) Residence, No. Unknown 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 Male 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 Emma Warden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Lather.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 11 Yrs.
 10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska City, Neb.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. R.M. Barton
2801 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Mar. 30, 1935

19. UNDERTAKER (ADDRESS) Walter Meinhoffer
1302 Mason St. St. Joseph, Mo.

20. FILED Mar 31 1935 J. J. Bunsbach
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1935 '19

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1935, to 3-28 1935

I last saw h. 11-15-35 alive on 3-28, 1935 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Heart Disease Arteriosclerosis
Coronary atherosclerosis
Chor. Myocarditis

Other contributory causes of importance:
Arterio Sclerosis Juncus

Name of operation None Date of _____
 What test confirmed diagnosis Findings 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) W. J. Bunsbach, M. D.
 (Address) Phys. & Surg. Bldg., St. Joseph, 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

