

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DM

MAY 29 1935

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

Do not use this space.

16952

1. PLACE OF DEATH

County.....Lafayette..... Registration District No. *460*
Township.....Davis..... Primary Registration District No. *4274*
City.....Higginsville (No. St. Ward)

File No.....
Registered No.....

2. FULL NAME

Mary Emma Warren

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Warren Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th 1847
7. AGE YEARS 87 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935
22. I HEREBY CERTIFY, That I attended deceased from May 3rd to May 6 1935
I last saw her alive on May 6 1935 Death is said to have occurred on the date stated above, at 6 a. m.
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.
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

Pernicious Anemia Date of onset
7/10
Other contributory causes of importance: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Missouri.

13. NAME John W. Warren

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

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.

15. MAIDEN NAME Amanda Belt Kentucky

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

17. INFORMANT (ADDRESS) Higginsville, Mo.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE May 7th 1935

19. UNDERTAKER (ADDRESS) A. H. Hader Higginsville, Mo.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *H. G. Moll*, M. D.
(Address) *Higginsville*

20. FILED *May 7 1935* *H. G. Moll* Registrar.

