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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2 3 1936

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

Do not use this space.

18972

File No.

Registered No. 7

1. PLACE OF DEATH

County Buchanan — Registration District No. 81

Township Bloomington — Primary Registration District No. 4049

City DeKalb, (No. DeKalb, Mo. St. Ward)

2. FULL NAME William Henry Warren,

(a) Residence, No. DeKalb, 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah B. Warren,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 17, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	4	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General,

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME William H. Warren,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putman County, New York,

MOTHER

15. MAIDEN NAME Eliza Long,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland County, Ohio,

17. INFORMANT (ADDRESS) Mrs. Wm H Warren DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE June 4th, 1935

19. UNDERTAKER (ADDRESS) Heaton - B E Gole & Bowman St. Joseph, Mo. Funeral Home

20. FILED 7/10, 1935 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1935, to June 2, 1935.

I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 5:40 p.m.

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

	Date of onset
Valvular Heart Disease	1934

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Visual test 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) E. B. McAdow, M. D.

(Address) DeKalb Mo.