

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1935

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

Do not use this space.

19764

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2405

2. FULL NAME Fred R. Warrick, Sr.

(a) Residence, No. 5920 Locust Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 8 10

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

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

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) New York

13. NAME Jonathan Warrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Anne Swift

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

17. INFORMANT (ADDRESS) Fred R. Warrick Jr.  
5920 Locust Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 12 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel  
Kansas City, Missouri

20. FILED 6/11 3510m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 10, 1935  
Last saw him alive on June 10, 1935. Death is said to have occurred on the date stated above, at 5 P. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Coronary Arteriosclerosis  
Myocardial Infarction  
Date of onset 6/10/35  
Other contributory causes of importance: 1/2  
Chronic Bronchitis  
Resistant Asthma

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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) North Kansas City, M. D.  
(Address) North Kansas City

Dr. F. O. Lienhardt

Commercial Bldg.

North Kansas City

Mo 64103

Swift Co.  
Chicago  
Ill.  
Chicago  
Ill.  
Chicago  
Ill.

6 p.m.