SEP 9 1935

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

Do not use this space.

26001

1. PLACE OF DEATH
County: Crawford Co. Registration District No.: 231
Township: Primary Registration District No.: 4141
City: Steelville (No. ..., ... St. ... Ward)

File No.:
Registered No.:

2. FULL NAME: Harry Warner

(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

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: Florence Warner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 26, 1885

7. AGE: Years 49 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): De Soto, Mo.

FATHER
13. NAME: Charles Warner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Kathryn English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Florence Warner, New Haven, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary C. DATE: 8-23, 1935

19. UNDERTAKER (ADDRESS): L. H. Jones, Steelville, Mo.

20. FILED: 8/30, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Aug 20 1935, 19..... I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
My records	

Other contributory causes of importance:

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

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) [illegible], M. D.
(Address) Steelville Mo

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.