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.

FEB 18 1936

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

Do not use this space.

579

1. PLACE OF DEATH
County Charlton — Registration District No. 174 — File No.
Township Clark — Primary Registration District No. 5242 — Registered No.
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME George Washington 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

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: Agnes (Rose) Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 1872.

7. AGE: YEARS 63 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): St Catherine Mo

FATHER
13. NAME: George Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Jane Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. George W. Warren, Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old New Garden DATE: Jan 31 1936

19. UNDERTAKER (ADDRESS): Jas McLaughlin, Marceline Mo

20. FILED: Feby 5 1936 C D Stratton, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Jan 29, 1936
I last saw him alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | 1/27/36 |

Other contributory causes of importance:
Hypertension
Arterio sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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? .....
If so, specify .....
(Signed) M. L. Dukroeger, M. D.
(Address) Marceline Mo