

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Lapeer Registration District No. 470  
 Township Lapeer Primary Registration District No. 5633  
 City St. Vernon (No. 1645) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23405  
 Registered No. 61  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Joplin 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 <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Tom Warren</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-28-1900</u>				
7. AGE	YEARS <u>35</u>	MONTHS <u>8</u>	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			
	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) <u>Newton Co</u>				
FATHER	13. NAME <u>Jacob Franklin Warren</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co</u>			
MOTHER	15. MAIDEN NAME <u>Minnie Belle Lewis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co</u>			
17. INFORMANT (ADDRESS) <u>Self</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin</u> DATE <u>July 9 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Furness Funeral Home</u>				
20. FILED <u>June 6 1936 P. A. Holmes</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936  
 22. I HEREBY CERTIFY That I attended deceased from 10-14-35, 19\_\_\_\_, to 6-6-36, 19\_\_\_\_  
 I last saw him alive on 6-6-36, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 7:05 p

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

Pulmonary Tuberculosis Date of onset 1933

Other contributory causes of importance:

Tubercular Meningitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 Chute J. Meller, M. D.  
 (Signed) \_\_\_\_\_ (Address) St. Vernon

