

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.

AUG 21 1936

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

Do not use this space.

26943

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No. _____
Township Prairie Primary Registration District No. 3553B Registered No. 189
City Little Blue Mo Jackson County Home St. (If nonresident, give city or town and State) (Ward)

2. FULL NAME

Charles Warren
(a) Residence, No. 1421 Mulvenger Rd Mo 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 67

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Dont know

FATHER 13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT County Home Records

18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery 7-18-36

19. UNDERTAKER Flynn & Greenstreet

20. FILER July 20 1936 William J Fields

(Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH 1030 P.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-36 1936

22. I HEREBY CERTIFY, (That I attended deceased from July 1 1936, to July 15 1936.)

I last saw him alive on July 15 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Cortic + mitral insufficiency

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Ex 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 _____, 1936

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) L. W. Booker, M. D.

(Address) 2025 Vine St

