

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

Do not use this space.

NOV 23 1936

1. PLACE OF DEATH

County Deer Registration District No. 266
Township Springer Primary Registration District No. 5-370
City (No. _____) St. _____ Ward _____

37228

File No. _____
Registered No. 69

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Benjamin Warden

PERSONAL AND STATISTICAL PARTICULARS

3. 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 Mrs Benjamin Warden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 7

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) Deer Co Mo

13. NAME Henry Warden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME _____

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

17. INFORMANT Clifford Warden (ADDRESS) Salmon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warden Co DATE 10/4

19. UNDERTAKER Ch. A. Freese (ADDRESS) Salmon Mo

20. FILED 10/3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in Charge, 19____
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 5:20 p. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset 10/1/36

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) W. R. Kell, M. D.
(Address) Salmon, 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.

