NOV 27 1936

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

Dr. Musick
Do not use this space.

37404

File No. .....
Registered No. 890

1. PLACE OF DEATH
County Greene
Township .....
City Springfield (No. 1409 W., Chestnut St. ..... Ward)

Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Mr. J. W. Warner,
(a) Residence, No. 1409 W. Chestnut St., ... Ward.
(Usual place of abode) Springfield, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Pettis County
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Benjamin Warner
14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sara Rinsey
16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT E. R. Warner,
(ADDRESS) 1409 Chestnut St.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopedale Cem. DATE October 24, 1936

19. UNDERTAKER H. H. Lohmeyer
(ADDRESS) Springfield, Missouri.

20. FILED 10-24 1936 Virgil A. Seong, M.D.
By R. J. Bode Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10,10,36, 19..., to 10,22, 19..., 36
I last saw him alive on 10,18,1936, 19..... Death is said to have occurred on the date stated above, at 3.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
	1936
Cerebral hemorrhage	10,10

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. 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? .....
If so, specify .....
(Signed) D. Musick, M. D.
(Address) Springfield, Mo.

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.