

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.

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford  
Township Butler  
City (No. \_\_\_\_\_)

Registration District No. 230  
Primary Registration District No. 3312

File No. 48771  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dorlene Warstell

(a) Residence, No. Cuba, 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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) Cuba Mo.

13. NAME Chas W. Warstell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

15. MAIDEN NAME Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

17. INFORMANT (ADDRESS) Chas Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba Mo DATE 8/3/36

19. UNDERTAKER (ADDRESS) None

20. FILED Jan 3 1937 G. A. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/3/36 1936, to 8/3/36 1936

I last saw Still born 1936. Death is said

to have occurred on the date stated above, at 2406

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

Asphyxiation

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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 Still born

(Signed) [Signature], M. D.

(Address) Cuba Mo

