FEB 16 1937

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

Do not use this space.

854

File No.

Registered No.

1. PLACE OF DEATH
County Franklin Registration District No. 293
Township Labadie Primary Registration District No. 5411
City Labadie, Mo. (No. , St. Ward)

2. FULL NAME John Frederick Warnebold
(a) Residence, No. Labadie, Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 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	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~
HUSBAND OF (OR) ~~WIFE OF~~ Louise Warnebold (nee Berlemann)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	9	17	

OCCUPATION
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. Farming
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) Marthasville, Missouri

FATHER
13. NAME Conrad Warnebold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER
15. MAIDEN NAME Caroline Shormann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT (ADDRESS) Mrs. John Warnebold Labadie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Labadie, Mo. DATE Jan. 16, 1937

19. UNDERTAKER (ADDRESS) Otto & Co., Washington, Mo.

20. FILED 1-15- 1937 G.E. Gross Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, to 1-18 1937
That I last saw h. alive on 1-13 1937 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:
Cancer of the pleura costalis, acute cystitis

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 , 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
(Signed) Lucile Lucier, M. D.
(Address) Labadie 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.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]