

MAY 31 1937

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

Do not use this space.

17860

## 1. PLACE OF DEATH

County *Warren*Registration District No. *881*Township *Elkhorn*Primary Registration District No. *4534*City *Warrenton Mo* (No. *2*)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>4-2-37</i>				
7. AGE YEARS <i>0</i>	MONTHS <i>—</i>	DAYS <i>—</i>	If LESS than 1 day, _____ hrs. or _____ min.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-2-37*, 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

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. _____
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

Other contributory causes of importance: \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Warrenton Mo</i>
	13. NAME <i>Bru C. Lopez</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Louisiana</i>
	15. MAIDEN NAME <i>Estelle Rainwater</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) <i>Bru C. Lopez, Warrenton, Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>City Cemetery</i> DATE <i>4-3-37</i>
19. UNDERTAKER (ADDRESS) <i>F. H. Mische, Warrenton, Mo.</i>
20. FILED <i>414</i> 1937 <i>Ar W. [Signature]</i> Registrar

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) *John H. Dyer*, M. D.  
(Address) *Warrenton Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

