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.

JUN 17 1937

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

Do not use this space.

10462

1. PLACE OF DEATH
County Buchanan — Registration District No. 35 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 553
City Saint Joseph (No. 1503 Monterey Street St. Ward)

2. FULL NAME Eugene Warner
(a) Residence, No. 1503 Monterey St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 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. Beulah Warner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1896

7. AGE: YEARS 40 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) 1935
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Conrad Warner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrews County, Missouri

MOTHER
15. MAIDEN NAME Katherine Monaghan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Beulah Warner, 1503 Monterey Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE May 11, 1937

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 5/12 1937 A. J. Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Feb 17, 37
I last saw ~~him~~ alive on Feb. 17, 1937. 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:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? X-ray 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? no
If so, specify
(Signed) J. F. Chiarottino, M. D.
(Address) 311 Kirkpatrick St. Joseph, Mo.