

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan  
Township Duncan  
City (No. ....) St. .... Ward .....

Registration District No. 852  
Primary Registration District No. 6121

File No. 35504  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

Bertha M. Warren

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Samuel A. Warren

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I first saw him alive on 19... Death is said to have occurred on the date stated above, at 9 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1888

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

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min. 48 9 27

Date of onset

OCCUPATION

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

Possibly I started and fell out of bed from falling on floor and hit the ground and fracture each vertebra.

Other contributory causes of importance: accustomed to jointing at intervals.

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co, Missouri (STATE OR COUNTRY)

13. NAME John A. Stevenson

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

15. MAIDEN NAME Mary Ann McReynolds

16. BIRTHPLACE (CITY OR TOWN) Ida, Virginia (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mary A. Warren, 111 Village Mt. Saksrock Cem. Sept. 22, 1937

18. BURIAL, CREMATION, OR REMOVAL Saksrock Cem. Sept. 22, 1937

19. UNDERTAKER (ADDRESS) C. A. Selberg, 111 Village Mt. Saksrock Cem.

20. FILED Oct 9 1937

Name of operation myelogram Date of ...  
What test confirmed diagnosis? Page 7 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Cause of death, suicide, or homicide? Accident Date of injury Sept 20, 1937  
Where did injury occur? Bed in Saksrock Cem., Va., Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. On farm on road.

Manner of injury Back broken  
Nature of injury Auto injured and fracture of vertebrae of neck.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify: J. C. Pollock, M. D. (Signed) J. C. Pollock, M. D. (Address) Pollock, Mo.

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.

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