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 Vernon — Registration District No. 815 — File No. 35541
Township — Primary Registration District No. 3039 — Registered No. 253
City Nevada (No. ..., ... St. ... Ward)

2. FULL NAME DeWitt Clinton Warren
(a) Residence, No. W. Sycamore St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
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: Clara Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4th, 1865

7. AGE: YEARS 71 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: James Austin Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Otto Warren, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton B. Park DATE Oct. 3rd. 1937

19. UNDERTAKER (ADDRESS): Eichinger Funeral Home

20. FILED Oct 4 1937 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Oct 2, 1937
I last saw him alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death, and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-1-37
Chronic interstitial nephritis	4-1-37

Other contributory causes of importance:

Chronic Myocarditis	
E. decompensation	4-1-37

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) Nevada, 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.