

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.

18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence City, Mo. (No.)

Registration District No. 398
Primary Registration District No. 3019

File No. 37841
Registered No. 337

Independence Sanatorium (Ward)

2. FULL NAME

Ferman John Warden

(a) Residence, No. 55 South Coy, Kansas City, Kansas
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1914

7. AGE YEARS 23 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boquist Dairy Co

10. Date deceased last worked at this occupation (month and year) Oct. 37 11. Total time (years) spent in this occupation 2Yrs

12. BIRTHPLACE (CITY OR TOWN) Basehor (STATE OR COUNTRY) Kansas

13. NAME John Warden

14. BIRTHPLACE (CITY OR TOWN) Leavenworth Co (STATE OR COUNTRY) Kansas

15. MAIDEN NAME May Potter

16. BIRTHPLACE (CITY OR TOWN) Leavenworth Co (STATE OR COUNTRY) Kansas

17. INFORMANT J. D. Warden (ADDRESS) 55 S Coy, Kansas City, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Stenwood Cemetery DATE Oct. 13 1937

19. UNDERTAKER JOS. A. Butler & Son (ADDRESS) K.C.K.

20. FILED 10-13-1937 F.L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11 37

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 620A m.

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

Anterior trauma to the
fracture of the skull

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (accident), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/11/37

Where did injury occur? Highway 24 - Arlington Suburb Mo (Specify city or town, county, and State)

Specify whether injury occurred street in home, or in public place.

Manner of injury Alcohol + Motor Car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. L. Cook M. D.

(Address) Jackson county Coroner

