

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Benton
Township Warcraft
City Warcraft (No. _____ St. _____ Ward _____)

Registration District No. 61
Primary Registration District No. 4036

File No. 40616
Registered No. 30

2. FULL NAME

(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 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Oct 12, 1937, to Nov 1st, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

I last saw h. & s. alive on Nov 1st, 1937. Death is said to have occurred on the date stated above, at 4 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 Supposed age

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

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

mitral stenosis Date of onset Don't know

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 -

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Other contributory causes of importance:
Chronic nephritis Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw mo

Name of operation None Date of _____

13. NAME Unknown

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

15. MAIDEN NAME Charlotte Carpenter

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Jonas Alexander (ADDRESS) Warsaw mo

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw mo DATE 11/2, 1937

Manner of injury _____

19. UNDERTAKER B E Ewing (ADDRESS) Warsaw mo

Nature of injury _____

20. FILED 11-2, 1937 J. A. Logan Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) W. E. Ewing, M. D.
(Address) Warsaw mo

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

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