

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

Do not use this space.

JAN 20 1938

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1. PLACE OF DEATH

County Marion Co. Registration District No. 546
 Townshp. Johnson Primary Registration District No. 5735
 City Wentz (No. _____) St. _____ Ward _____

File No. 46000
 Registered No. _____

2. FULL NAME

Mary m. Warner
 (a) Residence, No. 1111 1/2 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

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 26

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) Barnes 5

FATHER 13. NAME Peter Abare 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnes 5

MOTHER 15. MAIDEN NAME Matilda Labonte 5

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 5

17. INFORMANT (ADDRESS) Jacob m. Warner 5

18. BURIAL, CREMATION OR REMOVAL PLACE Wentz DATE Nov. 25 1937

19. UNDERTAKER (ADDRESS) Wentz

20. FILED Nov 24 1937 Sam a. Warner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1937, to Nov. 24 1937

I last saw him alive on Nov 23 1937 Death is said to have occurred on the date stated above, at 1:05 a.m.

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

Labar Pneumonia (Double) Date of onset 12-19-37

Other contributory causes of importance: 8

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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? h
 If so, specify _____

(Signed) W. J. ... M. D.
 (Address) St. James 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.

