

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

Do not use this space.

2548

1. PLACE OF DEATH
 29 County Crawford Registration District No. 229
 0 Township Bourbon Primary Registration District No. 4139
 City Bourbon (No. _____) St. _____ Ward _____
 2. FULL NAME Grover C. Warden 631
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Roach
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6 - 1885
 7. AGE YEARS 52 MONTHS 10 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 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) Iowa
 13. NAME John C. Warden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 15. MAIDEN NAME Nancy A. Gandy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT G. C. Warden
 (ADDRESS) Bourbon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon Cem. DATE 1-23-38
 19. UNDERTAKER West & Long
 (ADDRESS) Bourbon Mo.
 20. FILED 1-24-38 Widdams
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1938
 22. I HEREBY CERTIFY, that I attended deceased from Jan 20, 1938, to Jan 21, 1938
 Last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Endocarditis
 Other contributory causes of importance: AI
 Name of operation none 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) W. F. Driskin, M. D.
 (Address) Learburg Mo.

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

MOTHER, FATHER, BIRTHPLACE, STATE, COUNTRY, MAIDEN NAME, BIRTHPLACE, STATE, COUNTRY, INFORMANT, ADDRESS, BURIAL, CREMATION, OR REMOVAL PLACE, DATE, UNDERTAKER, ADDRESS, FILED

Date of onset

