

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

Do not use this space.

27

3205

1. PLACE OF DEATH
 57 County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 5588
 City (No.) St. () Ward ()

2. FULL NAME James Monroe Narron 650
 (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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Johnson Co. Mo.

FATHER
 13. NAME Thomas Narron
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

MOTHER
 15. MAIDEN NAME Elizabeth Wiley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT Mrs. J. H. Narron
 (ADDRESS) Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Hill DATE Jan. 8, 1938

19. UNDERTAKER W. F. Wilcox Funeral Service
 (ADDRESS) Warrensburg Mo.

20. FILED Jan 8, 1938 Ema Bentley
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938 to Jan 6, 1938
 I first saw him alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
arterio-sclerotic degeneration Date of onset 5

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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?
 If so, specify
 (Signed) E. J. Shuman M. D.
 (Address) Warrensburg Mo.

391

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FBI STATISTIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FEB 25 1938

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MO. STATE BOARD OF HEALTH