

REC'D MAY 9 1938

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

13667
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1647
(c) City Kansas City (d) Street No. 2503 Chestnut St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Warren, Francis Sublette 143
(a) Residence, No. 2503 Chestnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Edith Eleanor Sublette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1870
7. AGE YEARS 68 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Postal Clerk
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) Sublette mo.
13. NAME Peter J. Sublette mo.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sublette mo.
15. MAIDEN NAME Sarah Warfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
17. INFORMANT Edith E. Sublette
(ADDRESS) 2503 Chestnut
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/19 1938
19. FUNERAL DIRECTOR Caylor Funeral Home
(ADDRESS) H. C. mo.
20. FILED Apr 18 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938
22. I HEREBY CERTIFY, that I attended deceased from 2/7 / 1938 to 4/16 / 1938
I last saw him/her live on 4/14 / 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8/1
Other contributory causes of importance:
General Arterio-sclerosis
Name of operation none Date of
What test confirmed diagnosis? 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 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 Frederick A. Baldwin M. D.
(Signed) Frederick A. Baldwin M. D.
(Address) 317 Argyle Bldg
Kansas City mo.

(Licensed Embalmer's Statement on Reverse Side)

I X1204

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.

WWW.FBI.COM WITH CONTINUING INTEREST THIS IS A PERMANENT RECORD

Angyle Betty Vi 3824,
2904 Paces, Va. 2372

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)