

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH13960  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
 (b) Township 1 Primary Registration District No. 3004 Registered No. 29  
 (c) City Butler (d) Street No. 125 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 Mrs Cora Warden.

(a) Residence, No. 125 St. 125  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. W. Warden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 7 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Keokuk. /  
 (STATE OR COUNTRY) Iowa.

13. NAME Henry Johnson. /

14. BIRTHPLACE (CITY OR TOWN) Kentucky /  
 (STATE OR COUNTRY)

15. MAIDEN NAME Don't know

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

17. INFORMANT S. W. Warden  
 (ADDRESS) Butler mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Walc Hill DATE April 27 1938

19. FUNERAL DIRECTOR Pauline  
 (ADDRESS) Butler mo.

20. FILED April 27 1938 Miss S. Culver  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1938 to 4-26 1938

I last saw him alive on 2-15 1938 Death is said to have occurred on the date stated above, at.....m.

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance: 93C

Name of operation..... 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?.....

If so, specify atherosclerosis M. D.

(Signed) Butler, Mo (Address) 52

STATEMENT BY LICENSED EMBALMER

I, Henry G. Newell, Licensed Embalmer No. 3111

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Henry G. Newell

Licensed Embalmer No. 3111

**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.)**