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.

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

REC'D MAY 25 1938

3

16111
Do not use this space.

1. PLACE OF DEATH
(a) County: Vernon — Registration District No. 875
(b) Township: Washington — Primary Registration District No. 6162 — Registered No. 108
(c) City: Nevadaf — (d) Street No. State Hospital #3 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 6 17

2. PRINT FULL NAME: Wm Lois Warner
(a) Residence, No. Menett, Mo St.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Warner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-10-1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
39	39	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as 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): Monett, Mo

FATHER
13. NAME: Wm Warner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER
15. MAIDEN NAME: Lena Langen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Vistory Hosp. Records Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL: Monett Mo DATE April 15, 1938

19. FUNERAL DIRECTOR (ADDRESS): Terry Funeral Home Nevada Mo

20. FILED 4-15, 1938 Allen E. Hays, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to April 13, 1938. I last saw him alive on 4-13, 1938. Death is said to have occurred on the date stated above, at 10:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured by Bull	4-12-38
Other contributory causes of importance: Tuberculosis	1935

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 4-12, 1938
Where did injury occur? State Hospital Grounds Nevada Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. S-H-Barnyard
Manner of injury: Butted by Bull
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Prim Shelton, M. D.
(Address) State Hosp #3

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, M E Ferry, Licensed Embalmer No. 1432

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 M. E. Ferry

Licensed Embalmer No. 1432

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