

JUL 17 1938

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

Holbert
Do not use this space.
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File No. 184
Registered No. 668
St. _____ Ward)

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. 668
Primary Registration District No. 3092
(No. 1220 So. Mass.)

2. FULL NAME

Sudie Warren

(a) Residence, No. 1220 So. Mass. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Ind.

13. NAME John May

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Sallie Penney

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

17. INFORMANT Mrs. L. H. Warren
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE June 5, 1938

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED June 5, 1938 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 24 1938, to June 3, 1938

I last saw her alive on June 3, 1938. Death is said

to have occurred on the date stated above, at 11:30 PM.

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

Come from Nephritis
myo-Carditis acute
myo-Carditis hypertensum
Bright's Nephritis & Tongue
Date of onset May 29, 38
6 weeks
15 years
May 15, 38

Other contributory causes of importance:
Hypertrophied Liver
Retraction of the heart weeks.

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? No.
If so, specify _____

(Signed) Edwin D. Holbert
(Address) 1220 So. Famine St.

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.

