

1938 OCT 19

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

32049

Do not use this space.

1. PLACE OF DEATH

(a) County **Crawford** Registration District No. **231**
 (b) Township **Meramec** Primary Registration District No. **4141**
 (c) City **Steelville** (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 **Thomas Brewster Warfel**

(a) Residence, No. **Steelville 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 12**, 19**38**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Caroline Warfel**

22. I HEREBY CERTIFY, That I attended deceased from **Sep. 1937**, 19**37**, to **Aug 12**, 19**38**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29 1856**

I last saw him alive on **Aug 12 1938**, 19**38**. Death is said to have occurred on the date stated above, at **7 P.** m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **82 1 14**

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

OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cerebral Hemiplegia Date of onset **Sep. 37**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lewistown Penn.**

Other contributory causes of importance: _____

FATHER 13. NAME **James C. Warfel**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **No**

MOTHER 15. MAIDEN NAME **Ellen Warfel**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19**38**
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **Wm Warfel Salem Mo.** (ADDRESS)

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cedar Knave Cemetery** DATE **8/14 1938**

24. Was disease or injury in any way related to occupation of deceased? **No**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **N. D. Johnson Salem Mo.**

If so, specify **Geo. W. Reeves**, M. D.
 (Signed) _____ (Address) **Steelville Mo**

20. FILED **10/14 1938** **W. C. Webb** Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

828

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

N D Hobson

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

N D Hobson

Licensed Embalmer No.

928

P. O. Address

Salem

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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32049
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 23
(b) Township Primary Registration District No. 4141 Registered No.
(c) City Steelville (d) Street No.
(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

Thomas Brewster Warfel
(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 1 14

OCCUPATION 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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE, 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 5 1938

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19..

I last saw h..... alive on....., 19..... 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:

Cerebral Hemiplegia
Cerebral Hemorrhage
Other contributory causes of importance: 92.10

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. (Signed) Geo. W. Reeves, M. D.
(Address) Steelville mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32049