

REC'D OCT 21 1938

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

32361

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 1034
(b) Township Liberty Primary Registration District No. 5547 Registered No. 4
(c) City (d) Street No. 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 Artie Missey Warren 650

(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 Rem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
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) Reynolds Co. Mo.FATHER 13. NAME Tom Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.MOTHER 15. MAIDEN NAME Jane Chitwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.17. INFORMANT (ADDRESS) J. T. Warren
Chloride Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Chloride Mo. DATE Sept 9, 193819. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons
Ironton Mo.20. FILED Sept 11, 1938 Miss Julia Cayce Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1938, to Sept 8, 1938
I last saw her alive on Aug. 26, 1938. Death is said to have occurred on the date stated above, at 8:30A.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 9/7/38
Other contributory causes of importance: arteriosclerosis, emphysema, and Regurgitation.

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

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 R. E. Harland, M. D.
(Signed) Ironton, Mo. (Address)

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.)