JAN 18 1939

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

42774
Do not use this space.

1. PLACE OF DEATH Clay
(a) County Clay
(b) Township Gallatin
(c) City
Registration District No. 197
Primary Registration District No. 5276
Registered No.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia K. Warren
(a) Residence, No. Liberty R#1 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Brienberry Warren
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6-1861
7. AGE YEARS 77 MONTHS 3 DAYS 25 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. for self.
10. Date deceased last worked at this occupation (month and year) 3 years ago.
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyandotte Co Kansas

FATHER
13. NAME David Poe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Nyrah Lacy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Geo. Hobson Liberty Mo-R#1
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Providence
PLACE Near Liberty Mo DATE 1/2 1939
19. FUNERAL DIRECTOR (ADDRESS) Church-Urban Co Liberty Mo
20. FILED 1-2 1939 Viola C. Moyer Local Registrar.
Per. L.M.A.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1938, to Dec 29th, 1938
I last saw her alive on Dec 28th, 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:
High blood press Brush
Pneumonia paralysis
Date of onset
Other contributory causes of importance:
Chronic Nephritis, Nitral insufficiency
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) R. E. Sevier, M. D.
177 (Address) Liberty Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 1 X12004

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RECEIVED
District Health Officer No. 8,
District File Number 11/14/39
Date Filed

## 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.)**

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

42774
Do not use this space.

1. PLACE OF DEATH
(a) County: Clay — Registration District No.: 197
(b) Township: Gallatin — Primary Registration District No.: 3276 — Registered No.:
(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: Lydia K. Warren
(a) Residence, No. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

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

7. AGE: Years 77 — Months 3 — Days 25 — If LESS than 1 day, ....hrs. or ....min.

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 19 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 19.. to Dec 31, 1938
I last saw h. alive on Nov 30, 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 |
|---|---|
| High blood pressure | |
| Bronchio Pneumonia | |
| Cerebral hemorrhage | 3 1 |

Other contributory causes of importance: Chr nephritis - mitral insufficiency

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) R. E. Seiger, M. D.
(Address) Liberty Mo

SUPPLEMENTAL

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

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