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.

1 X9314

0590 JAN 13 1939

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

Do not use this space.

44400

1. PLACE OF DEATH

95

County Ste Genevieve Co — Registration District No. 781 — File No.

Township Beauvais — Primary Registration District No. 6027 — Registered No.

City (No. , St. Ward)

2. FULL NAME 650 Dorthula Warren

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3 1867

7. AGE: Years 71 — Months 9 — Days 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Ste Genevieve Co Missouri

FATHER

13. NAME: Wesley Farley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Calvin Warren Clearwater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River Mo DATE Dec 15 1938

19. UNDERTAKER (ADDRESS): Leo C. Basler Ste Genevieve Mo

20. FILED 12/14 1938 Tobie Thomure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1938, to Dec 13th, 1938
I last saw her alive on Dec 12, 1938. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	8-18-38
93 C	
Other contributory causes of importance: Chronic Hypo Cardilis	1935

Name of operation No Date of
What test confirmed diagnosis? Clinical 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
(Signed) Arthur E Sexauer, M. D.
705 (Address) Ste Genevieve Mo