DEC'D FEB 23 1939

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

2410
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 328
(b) Township Trenton Primary Registration District No. 5459 Registered No.
(c) City (d) Street No. County Home 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 JAMES MONTGOMERY 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1876
7. AGE: YEARS 61 MONTHS 6 DAYS 24 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Grundy Co Mo

FATHER
13. NAME F F Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Ky

MOTHER
15. MAIDEN NAME Nancy Jane Kilburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Ky

17. INFORMANT (ADDRESS) Mrs. M. Cooper Laredo Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stuckes Cem DATE Jan 11 1939
19. FUNERAL DIRECTOR (ADDRESS) E J Robertson Laredo Mo
20. FILED 1-11 1939 Irene D Fair Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10th 1939
22. I HEREBY CERTIFY, That I attended deceased from Viewed body as Coroner, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of Lungs — Date of onset 1-10-39
Other contributory causes of importance: None known
Name of operation None Date of
What test confirmed diagnosis? 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) J. F. Fair, Coroner, M. D.
300 (Address) Trenton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I, E. J. Robertson, Licensed Embalmer No. 2468

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. J. Robertson

Licensed Embalmer No. 2468

**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.)**