

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.

REGD MAR 15 1939

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

Do not use this space.

7272
72

File No. _____
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Montgomery
Township Danville
City New Florence (No. _____)

Registration District No. 593
Primary Registration District No. 4357

2. FULL NAME

James Nathaniel Warley
(a) Residence, No. New Florence St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. Carpenter & painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In community
10. Date deceased last worked at this occupation (month and year) March 5, 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Florence Mo.

FATHER 13. NAME Thomas Henry Warley

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

MOTHER 15. MAIDEN NAME Elizabeth Ellen Green

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

17. INFORMANT (ADDRESS) Oscar Warley St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence Mo. DATE March 11, 1939

19. UNDERTAKER (ADDRESS) A. E. Hendershott Sr. New Florence Mo.

20. FILED 3/12 1939 James O. Helm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1939 to Mar 10, 1939

I last saw him alive on Mar 10, 1939 Death is said

to have occurred on the date stated above, at 11 A. m. The principal cause of death and related causes of importance were as follows:

Acute myocarditis
bronchial pneumonia
Influenza

Date of onset
3-8-39
9-5-39
2-16-39

Other contributory causes of importance: 1/2

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinif. St. 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) James O. Helm, M. D.
(Address) New Florence Mo.

