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.

REC'D MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Mineral
City T B Hospital (No. WEBB CITY St. Ward)

Registration District No. 413
Primary Registration District No. 5559 aC

File No. 15216
Registered No. 25

2. FULL NAME 6 John C Warren
(a) Residence, No. 3105 Pearl St., Ward. Joplin
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Synthia Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1893

7. AGE YEARS 45 MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Jackson Co. Mo

FATHER
13. NAME Moses C Warren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Lessie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ PLACE Kansas City MO DATE 4-26-1939

19. UNDERTAKER (ADDRESS) Laupher Mortuary Joplin Missouri

20. FILED APR. 25. 39, 19 P. L. Pritchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to April 25, 1939
I last saw him alive on April 24, 1939. Death is said to have occurred on the date stated above, at 7 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Silico-Tuberculosis	
Tuberculous Entero Colitis	

Other contributory causes of importance: 23

Name of operation None Date of
What test confirmed diagnosis? Gas Spu 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? Yes
If so, specify Mining
(Signed) Jesse E Douglass, M. D.
(Address) Webb City

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-1025
Date Filed MAY 3 1939