

REC'D JUN 20 1939

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

18369
Do not use this space.

1. PLACE OF DEATH
(a) County Clark Registration District No. 191
(b) Township Farmington Primary Registration District No. 5012 Registered No. _____
(c) City Farmington (d) Street No. _____ (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
640 Chas. H. Warrell
(a) Residence, No. _____ St. (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 Chloe Warrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1874
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 64 10 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
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) Mo.
13. NAME Wm. Warrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Marish Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT (ADDRESS) Mrs. Chloe Warrell, Farmington Ia.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Co. DATE May 11 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sutherland Ind. Rahaha Mo.
20. FILED May 16 1939 Ohio Sutherland Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939
22. I HEREBY CERTIFY that I attended deceased from July 1938 to May 9 1939
I last saw him alive on Apr 27 1939 Death is said to have occurred on the date stated above, at 1:50 P.M.
The principal cause of death and related causes of importance were as follows:
Infarction of the heart
Date of onset Apr 16
Other contributory causes of importance: Chronic Pericarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol as 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 _____ (Signed) Doyle M. Roth, M. D.
John W. Roth

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.

RECEIVED

District Health Officer No. 10

District File No. 10-39-1092

Date Filed JUN 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~

May-9-1939, Registered Apprentice No. _____
working under my personal supervision.

Signed

Otis R. Yutting

Licensed Embalmer No. 2965

P. O. Address Lurray Mo

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.)

If this body is not embalmed, above space should be left blank.