

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

Do not use this space.

1939 AUG 10 1939

1. PLACE OF DEATH

County Stoddard

Registration District No. 837

Township Custer

Primary Registration District No. 6099

City Cass, Mo. R2 (No. 2)

St. _____

Ward _____

File No. 27015

Registered No. _____

2. FULL NAME Wm Edward Warlan

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 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 M. S. Warlan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1887

7. AGE

YEARS 52

MONTHS 3

DAYS 28

If LESS than 1 day, _____ hrs. _____ or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data 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) mt. Carmel, Mo.

13. NAME Isaac Warlan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Fannett V. Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) M. S. Warlan wife
Cass, Mo. R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff, Idaho DATE July 29, 1939

19. UNDERTAKER (ADDRESS) Washburn
Des Moines

20. FILED Aug. 7, 1939 Boonie Purnch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 28, 1939

I last saw him alive on July 25, 1939. Death is said

to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Muscular Catatonia

Date of onset _____

Other contributory causes of importance: 120 lb

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) J. S. Davis, M. D.

(Address) Des Moines, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 839-134

Date Filed 8-9