

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

35488
 Do not use this space.

NOV 14 1938

1. PLACE OF DEATH
 (a) County Cole Registration District No. 211
 (b) Township Marion Primary Registration District No. 5291 Registered No. 21
 (c) City..... (d) Street No..... 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Florence Warren
 (a) Residence, No. County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro. 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) Jan. 29 - 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>9</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper

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) Cole co.

FATHER

13. NAME John Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone co.

MOTHER

15. MAIDEN NAME Eliza Clibourne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole co.

17. INFORMANT (ADDRESS) Arthur Warren
Centertown P. F. O. Box 18

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown DATE Oct. 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Hardman
608 Monroe Jefferson City Mo

20. FILED Oct. 21 1938 H. T. Beach, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Oct 20 1938
 I last saw him alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 8:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset Oct. 17 1938

Other contributory causes of importance: 94 W

Name of operation Chloroform Date of.....
 What test confirmed diagnosis..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) H. T. Beach, Jr. M. D.
Elton 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.

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,

L. D. Hardman

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

L. D. Hardman

Licensed Embalmer No. *1879*

P. O. Address *Jefferson City*

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.