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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No. 7959
Township: — Primary Registration District No. 1001 — Registered No. 409
City: St. Joseph. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Florence A. Warwick
(a) Residence. No. 2109 Lovers Lane St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles A. Warwick

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar, 29, 1862

7. AGE: Years 66 — Months 0 — Days 1 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keokuk, Iowa.

PARENTS
10. NAME OF FATHER: Thos. Forquar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Keokuk, Iowa.
12. MAIDEN NAME OF MOTHER: Elizabeth Gove
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: Mrs. Lorren Garlichs
(Address) 2109 Lovers Lane.

15. FILED MAR 30 1928 19 John Gritz Sr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 30, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from May, 1927, to Mch 30, 1928, that I last saw h... alive on Mch 30, 1928, and that death occurred, on the date stated above, at 1:00 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
10 A 1000 d
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY): Same
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. M. Allanger, M. D
3/30/, 1928 (Address) Bartlett Trust Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Keokuk, Iowa.
DATE OF BURIAL: Mar. 31, 1928

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

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.