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

Do not use this space. 27960 3655

399

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson
Township
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)
Registration District No. 1003
Primary Registration District No.
File No.
Registered No.

2. FULL NAME WARREN, James Sherman C-206 436 VB
(a) Residence. No. Kansas City, Missouri St., Ward. Pvt 4th Co Overseas Cas.
(Usual place of abode) General Delivery. (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 Grace Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	5	25	

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

9. BIRTHPLACE (CITY OR TOWN) Dodge City,
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER William Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dodge City,
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Alice Parrish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Harry S. Warren (Brother)
(Address) 204 Old Main, Newton, Kansas.

15. FILED 8/27 19 29 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1929 to August 26, 1929 that I last saw him alive on August 26, 1929 and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
V.H.D. Mitral Stenosis with Auricular fibrillation 92A 107A 95A (duration) 2 or more yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia, Lobular, right upper lobe; Bilateral pulmonary infarction (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam & X-ray

(Signed) HENRY A DYKES, Medical Officer in Sec. Temporary Charge, U.S.V.Hosp. Kansas City, Missouri, M. D

*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 Dodge City Kansas
DATE OF BURIAL Aug 27 1929
20. UNDERTAKER The Taylor Funeral Home Inc.
ADDRESS Kansas City Mo

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

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.