

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

32246

File No. \_\_\_\_\_  
Registered No. 228  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Callaway  
Township \_\_\_\_\_  
City Fulton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3006

**2. FULL NAME**

(a) Residence No. Kansas City, Mo Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 8 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-9-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
42 01 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Ran a news stand  
(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) Kansas City, Kas

10. NAME OF FATHER C. D. Waring

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER Addie Moulding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Andrew Iowa

14. INFORMANT Hosp'l Records  
(Address) Fulton State Hospital

15. Oct 25, 1930 R. M. Cuneo  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-24-1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Found dead from an epileptic seizure at 3:20 a.m.

95 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Nocturnal Epilepsy  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. R. Grazer M. D.  
10-24-1930 (Address) Fulton State Hospital

\*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 Funeral Home Columbia MO DATE OF BURIAL DK

20. UNDERTAKER J. O. Roberts ADDRESS Columbia MO

N. B.—Every item of information should be carefully secured. 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.

NOV - 1 1930

