

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

Do not use this space.

22128

**1. PLACE OF DEATH**

County Merew Registration District No. 5-5-8 File No. \_\_\_\_\_  
 Township Harrison Primary Registration District No. 5-749 Registered No. 5  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary A Warner  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Warner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1860  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 3 24  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thome  
 9. Industry or business in which work was done, as silk mill, 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) Missouri

MOTHER FATHER 13. NAME Nathan Blair

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

MOTHER 15. MAIDEN NAME Martha Oesterman

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

17. INFORMANT (ADDRESS) Floyd Warner  
Camberville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camberville, Mo. DATE 7/1, 1931

19. UNDERTAKER (ADDRESS) O. O. Grezler  
Camberville Mo.

20. FILED 7/1 1931 W. E. Oden Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1931

22. I HEREBY CERTIFY that I attended deceased from June 1, 1931, to June 29, 1931  
 last saw her alive on June 29, 1931 Death is said to have occurred on the date stated above, at 1705a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 28, 1931  
SEA 820  
97

Other contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. Oden, M. D.  
 (Address) Camberville 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.

