

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

Do not use this space.

37444

1. PLACE OF DEATH

County Grundy Registration District No. 330
Township _____ Primary Registration District No. 3017
City Trenton Mo. (No. 1813) Merrill St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Geo - W. Warren
(a) Residence, No. 1813 Merrill St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20-1870</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>7</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner - coal</u>		
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) <u>Grundy Co Missouri</u>		
13. NAME <u>Denial Warren</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Elija Jane Ralston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Mrs. Elija M. Chandler</u> (ADDRESS) <u>Trenton Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High - Iron Trenton Mo</u> DATE <u>Nov 25 - 1931</u>		
19. UNDERTAKER <u>Ben C Davis</u> (ADDRESS) <u>Trenton Missouri</u>		
20. FILED <u>24 Nov. 1931</u> <u>E. A. Duffey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1931

22. I HEREBY CERTIFY, That I attended deceased from was not at all to all, 19____
I last saw him alive on never, 19____ Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Organic Heart Disease
Found dead in outdoor
hailer 11-22-31

Other contributory causes of importance:
95B 95B

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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 OR Rocks Coroner, M. D.
(Signed) _____
(Address) Trenton 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.

DEC 22 1931

