

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

Do not use this space.

37736

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kew Primary Registration District No. _____
 City Rossville (No. Trinity Lutheran Hospital Registered No. 4602 Ward)

2. FULL NAME

(a) Residence, No. 4809 Roanoke Rd 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 m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Faultless Laundry

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

13. NAME Warren B Wayman

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

15. MAIDEN NAME Pearl Belknap

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

17. INFORMANT Warren B Wayman
 (ADDRESS) 4809 Roanoke Road Ken

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-17 31

19. UNDERTAKER Dynnewcomers Sons
 (ADDRESS) Ke Mo

20. FILED 11/16 31 W. M. Crow
 Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1931, to Nov. 15, 1931

I last saw him alive on Nov 15 31, 19____. Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis Bilateral
173
129
 Other contributory causes of importance: Myocarditis Peritonitis Prostatic Abscess

Name of operation Drainage Prostatic Abscess Date of 10-8-31

What test confirmed diagnosis? Pathological as 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 _____ (Signed) R. L. ..., M. D.

(Address) 1014 Poplar Street

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.

Dr. Lee Hoffman
1019 Professional Bldg

Ha 4022

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