

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

Do not use this space.

17153

1. PLACE OF DEATH  
 88 County Randolph Registration District No. 735  
 600 Township Moberly Primary Registration District No. 3034  
 City Moberly (No. 311 Union) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Anna Warden  
 (a) Residence, No. 311 Union 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 (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Warden  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 9 7  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Mo. 1  
 13. NAME Actie Johnson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 15. MAIDEN NAME Sarah Robbins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT (ADDRESS) Mrs. Guel Blaine Moberly Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Moberly May 16 1932  
 19. UNDERTAKER (ADDRESS) Morgan Lee Moberly Mo.  
 20. FILED 5/16/32 Thos. S. Fleming Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1932  
 22. I, HEREBY CERTIFY, That I attended deceased from April 10, 1932 to May 14, 1932  
 I last saw him alive on May 14, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Gastric ulcers  
117A 117B  
 Other contributory causes of importance: None  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. ex. 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) O. S. Koh M. D.  
 (Address) Moberly 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.

APR 24 1932

