

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

Do not use this space.

OCT 17 1934

32851

1. PLACE OF DEATH

County Jackson
Township Frank
City Lamar City

Registration District No. 399
Primary Registration District No. 1003
(No. Memorial Hospital)

File No. _____
Registered No. 4187
St. 4187 Ward _____

2. FULL NAME

May Warren
(a) Residence, No. Linnmont Hotel St. Frank Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth 53 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Warren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>86</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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) <u>1916</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
13. NAME <u>Louis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Roak</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>M. Warren - 1227 Huntington Rd.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles</u> DATE <u>Sept 13 1934</u>		
19. UNDERTAKER <u>Dordson</u> (ADDRESS)		
20. FILED <u>9-12 1934</u> <u>M. M. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to Sept 11 1934. I last saw him alive on Sept 11 1934. Death is said to have occurred on the date stated above, at 11 P. M.. The principal cause of death and related causes of importance were as follows:

arterio-sclerosis -
Chronic prostatitis
Chronic Prostatic obstruction
Prostatic hypertrophy

Other contributory causes of importance:
137 suprapubic drainage
Cystostomy

Name of operation Cystostomy Date of Sept 15 1934
What test confirmed diagnosis? _____ 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? _____
If so, specify Abraham Sopher, M. D.
(Signed) 1405 Bryant Bldg
(Address)

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.

