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.

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

JUN 19 1935

Do not use this space.

15903

1. PLACE OF DEATH

County: Clay — Registration District No.: 198

Township: Fishing River — Primary Registration District No.: 3011

City: Excelsior Springs, Mo. Vets. Adm. Facility — St. — Ward: 3d

File No.:

Registered No.:

2. FULL NAME: WARREN, Zenith

(a) Residence, No.: Vets. Adm. Facility St., Ward. (Usual place of abode) Excelsior Springs, Mo

615 Locust, Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-5-1894

7. AGE: Years 41 — Months 1 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Silas Warren (deceased)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER

15. MAIDEN NAME: Nora ? ? (deceased)

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

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Parsons, Kansas — DATE: 5-25-35, 19

19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs, Mo.

20. FILED: 5-25-, 1935 — Mrs Rea McGarden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, 19, to May 24, 1935, 19. I last saw him alive on May 24, 1935, 19. Death is said to have occurred on the date stated above, at 11:52 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pul. bilateral disseminated caseo-ulcerative	

Other contributory causes of importance: Tuberculosis mesentric glands; Peribronchial glands and terminal ileum, Arteriosclerosis, aorta & cornaries

Name of operation: -- Date of: --

What test confirmed diagnosis? Obs. & Exam. 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?

If so, specify:

(Signed) H. C. Hardegree — H. C. HARDEGREE, M.D. Clinical Director

(Address) Vets. Adm. Facility, Excelsior Springs, Mo.