

MAR 20 1936

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

Do not use this space.

97751 7

## 1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs, Mo. Veterans Administration Facility St. 3d Ward

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME WARNER, Orville H. 5236 Rockhill Road(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. Kansas City, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1890</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Investor</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas13. NAME A. H. Warner (deceased)14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Jennie Logue16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Hospital Records  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 3-4-36 19..19. UNDERTAKER John C. Prather  
Excelsior Springs, Mo.  
(ADDRESS)20. FILED 3-4-1936 Mr. Rex McCreaster  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1936, 19.., to March 4, 1936, 19..I last saw him alive on March 4, 1936, 19.. Death is saidto have occurred on the date stated above, at 1:05 AM

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

Endocarditis; cerebral embolism ?

Other contributory causes of importance:

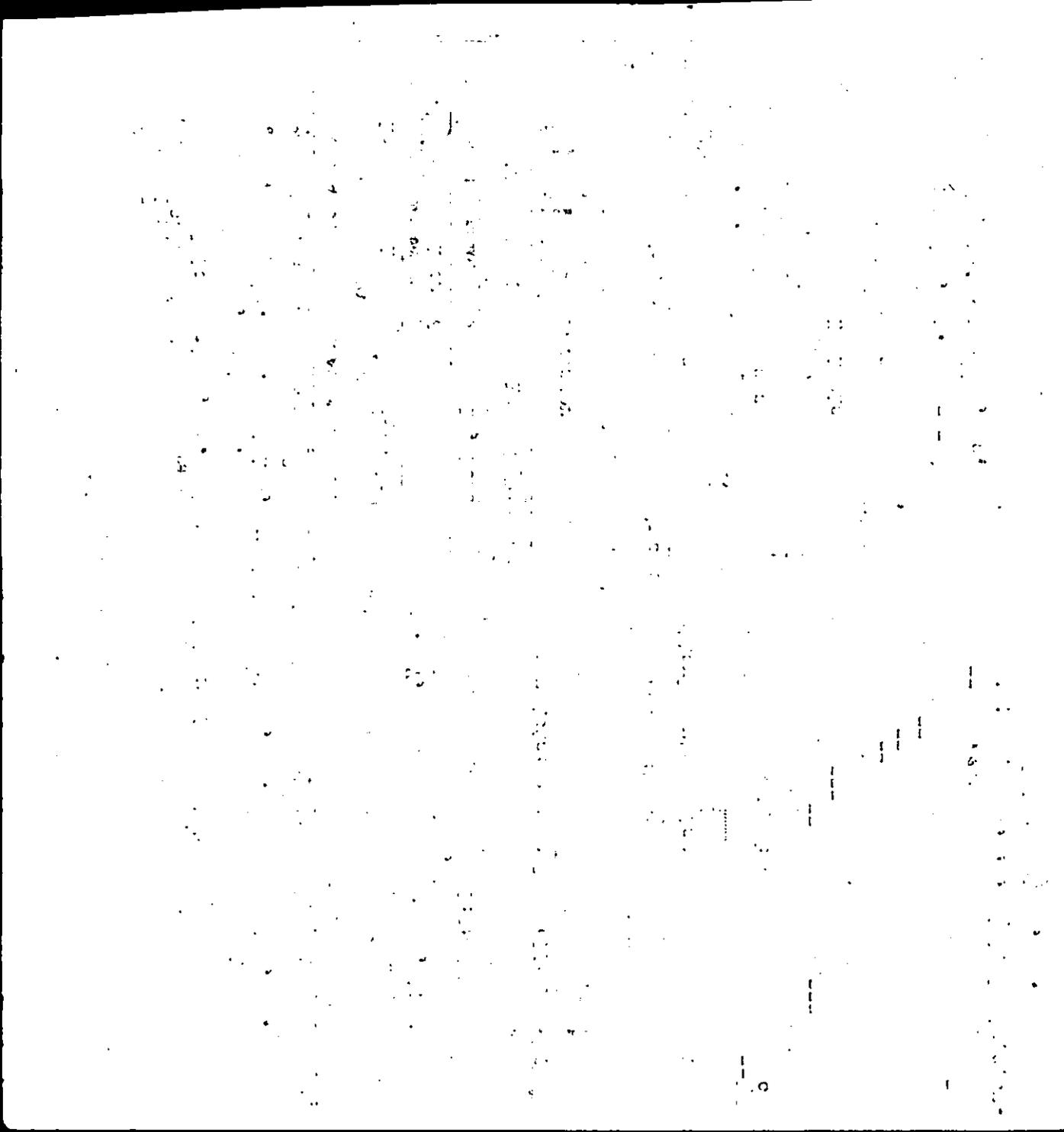
Articular rheumatism ?Name of operation None Date of .....What test confirmed diagnosis? Exam & Obs Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19..Where did injury occur? .....  
(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 None(Signed) H. C. HARDEGREE, M. D., Clinical Director  
Veterans Administration Facility  
Excelsior Springs, Mo.  
(Address)



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

Do not use this space.

**1. PLACE OF DEATH**

County Clay Registration District No. 198 File No. 9775  
 Township \_\_\_\_\_ Primary Registration District No. 3011 Registered No. \_\_\_\_\_  
 City Exc. Springs (No. Vets. Adm. Facility) Ward \_\_\_\_\_

**2. FULL NAME** Orville H. Warner

(a) Residence, No. Exc. Springs 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid. (write the word)

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

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

7. AGE YEARS MONTHS DAYS (If LESS than 1 day) hrs. or min.  
45 9 16

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 3-4 1936 Mr. R. C. McConkey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1936

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Endocarditis  
(Acute Bacterial Endocarditis)  
Cerebral embolism  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. Hardeges, M. D.

(Address) Vets. Adm. Facility

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