

APR 16 1937

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

Do not use this space.

11620

31

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No.)

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No. (St. Ward)

2. FULL NAME

Sylvester A. Warfield

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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) Aug 17 1850
7. AGE YEARS 86 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

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) Smithville Mo

13. NAME Sylvester Warfield

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

15. MAIDEN NAME Mary Baumbarger

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

17. INFORMANT A. D. F. Home Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo DATE 3-16-37

19. UNDERTAKER S. A. McComas (ADDRESS) Smithville, Mo.

20. FILED 3/16, 1937 E. T. Bran Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 March 15 1937
I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at Liberty, Mo.

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

Senility
Date of onset
Other contributory causes of importance: 162

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) S. A. McComas, M. D.
(Address) Liberty Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9
1
2
2

