

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH.

31 County Dave  
Township Washington  
City..... (No....., St..... Ward)

Registration District No. 249  
Primary Registration District No. 5347

File No. 16188  
Registered No.....

2. FULL NAME Amelia Warner

(a) Residence, No.....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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF J. N. Warner (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1863

7. AGE YEARS 72 MONTHS 10 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Jan. 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Indiana

FATHER 13. NAME Jacob Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Indiana

MOTHER 15. MAIDEN NAME Amelia J. Warner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Indiana

17. INFORMANT (ADDRESS) J. N. Warner  
Gansport Mo. R. 1, N. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Scotland cem. DATE April 30 - 1936

19. UNDERTAKER (ADDRESS) W. D. Taylor  
Indianapolis Mo.

20. FILED April 21 1937 Mrs. A. O. Cunningham (Address) Taylor Mo. Hospital  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1935, to April 19, 1936. I last saw him alive on April 10, 1936. 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:

Chronic Interstitial Nephritis of a few years duration Date of onset

Other contributory causes of importance: 131

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? No If so, specify..... (Signed) E. H. Butler, M. D.

Taylor Mo. Hospital

