

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

38302
Do not use this space.

1. PLACE OF DEATH *DEAD DEC 1 1938*

(a) County *Jackson* 2 Registration District No. *399*
 (b) Township *Raw* 1 Primary Registration District No. *1007* Registered No. *4536*
 (c) City *Linnas City* (d) Street No. *7537 Mc Gee* St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *650 Mrs. Zula Fern Warren*
 (a) Residence, No. *7537 Mc Gee* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF *Wm J. Warren*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 29, 1880*

7. AGE YEARS *58* MONTHS *1* DAYS *20* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Thorntown Indiana*

FATHER 13. NAME *Squire Jacob*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

MOTHER 15. MAIDEN NAME *Mary Ellen Long*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Wm J. Warren*
 (ADDRESS) *7537 Mc Gee*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Meriah* DATE *Nov. 21 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *D. W. Newcomer Son*
Brushcreek & Paris

20. FILED *Nov. 21, 1938* *M. M. Crowe*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 19 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 3, 1935*, 1935 to *Nov. 19*, 1938
 I last saw her alive on *Nov. 19*, 1938. Death is said to have occurred on the date stated above, at *2:55 P.M.*
 The principal cause of death and related causes of importance were as follows:
Central Nervous System Date of onset *11/16/38*
95%
 Other contributory causes of importance *1. Hypertensive heart disease* 1 yr.

Name of operation *No* Date of _____
 What test confirmed diagnosis? *Ulcer* 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? *No*
 If so, specify _____
 (Signed) *Geo. Walker MD* M. D.
 (Address) *836 Professional Bldg*
Kansas City, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
....., or by

Registered Apprentice No., working under my personal supervision.

Signed Neil Carr

Licensed Embalmer No. 3976

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.