REC'D DEC 15 1938

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

38705
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township Washington,
(c) City
Registration District No. 86
Primary Registration District No. 5127
Registered No. 63
(d) Street No. County Infirmary, 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 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy A. Warburton,
(a) Residence, No. County Infirmary, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Warburton,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1855.
7. AGE: Years 83 | Months 0 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeping,
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) Nodaway County, Missouri,

FATHER
13. NAME John Jefferson Branson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Ruth Shockley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs May Mathews
(ADDRESS) 1003 Roosevelt Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Nov. 28th, 1938
19. FUNERAL DIRECTOR (NAME) Heaton-Belsole Funeral Home
(ADDRESS) 319 So. 10th. Str.
20. FILED Nov. 28, 1938 Myrtle M. Hanson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Nov 26, 1938
I last saw her alive on Nov 24, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Chronic Cholecystitis

Name of operation none Date of
What test confirmed diagnosis? Clin Hist 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) Forrest Thomas, M. D.
(Address) 1301 no 52

(Licensed Embalmer's Statement on Reverse Side)

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.

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, 11/26/38

L, or by —

Registered Apprentice No. —, working under my personal supervision.

Signed W. E. [illegible]

Licensed Embalmer No. 3007

P. O. Address 3198 10th St Joseph

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.