

REC'D SEP 21 1939

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

29641

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Hudson Primary Registration District No. 5713
 (c) City..... (d) Street No. Still-Hildreth S.M. Registered No. 75
 (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 Alfred P. Warren

(a) Residence, No. Fayette, Mo. 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 Male 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 Rula Warren
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 30
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. School Teacher
 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) Mo. Macon, County.

FATHER 13. NAME Wm. Warren
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Muhr Butt.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT Mrs. Wm. Vickroy
 (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette, Mo. DATE 8/1/39

19. FUNERAL DIRECTOR Albert Skinner
 (ADDRESS) Macon, Mo.

20. FILED 9/8 19 39 Leato Hunter
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1938, to July 31, 1939
 I last saw him alive on July 31, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

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

Paralysis Agitans Date of onset 1931

Other contributory causes of importance: g76²

Name of operation none Date of.....

What test confirmed diagnosis?..... 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) F. M. Still M. D.

(Address) Still-Hildreth Sanatorium
Macon, 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.

RECEIVED

District Health Officer No. 10

District File Number 9-29-1639

Date Filed SEP 11 1939

STATEMENT BY LICENSED EMBALMER

George Hile

Licensed Embalmer No. 4066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *George Hile*

L. E. 4066

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *George Hile*

Licensed Embalmer No. 4066

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.)