

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

Do not use this space.

5807

**1. PLACE OF DEATH**

89 County Ray Registration District No. 743  
Township Crutch Primary Registration District No. 5478  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 5

**2. FULL NAME**

Edward Paul 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/1/1921</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	<u>10</u>
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>none</u>
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) <u>Jackson Co Mo</u>		
13. NAME <u>David Warner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> 2		
15. MAIDEN NAME <u>Cora Mc Gowan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co Mo</u>		
17. INFORMANT <u>Best Wm Warner</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arnold Creek</u> DATE <u>2/10</u> 19 <u>32</u> <u>Lafayette Co</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Crutch Mo</u>		
20. FILED <u>2-10-32</u> 19 <u>32</u> <u>E. Ellis</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932 to Feb 8, 1932  
I last saw him alive on Feb 8, 1932 Death is said to have occurred on the date stated above, at 11:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Pneumonia (bedridden) Date of onset 56/3  
56/3  
56/3  
107A  
Other contributory causes of importance:  
Acute Rheumatic Fever  
Acute Rheumatic Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ① 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) Fred B. Cooper, M. D.  
(Address) Crutch, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 24 1932

