

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

Do not use this space.

15063

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. Union Station)

Registration District No. 399
Primary Registration District No. 1002

File No. 65200
Registered No. 115200
St. _____ Ward _____

2. FULL NAME Martin Guthrie

(a) Residence, No. _____ St., _____ Ward. Richhill Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Richhill
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Eddie Guthrie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Ida May Simril

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY) _____

14. INFORMANT Eddie Guthrie
(Address) Rich Hill Mo

15. FILED May 11, 1927 M. M. Brown
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12th 1927

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: premature birth

CONTRIBUTORY (SECONDARY) 16/10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chest x-ray, inspection
(Signed) Chas. Nelson, M. D.
577 2/1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Seamore Iowa DATE OF BURIAL 5/12/1927

20. UNDERTAKER The Freeman Mortuary ADDRESS 3146 Main St.

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.

