AUG 18 1927

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

Do not use this space.

File No. 23293

Registered No. 9

1. PLACE OF DEATH
County: Saline County
Township: Grimsby
City: Gilliam (No. St. Ward)
Registration District No. 744
Primary Registration District No. 6037A

2. FULL NAME: G. A. Guerin (Clementine Augustus Guerin)

(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: 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: Single

6. DATE OF DATH (MONTH, DAY AND YEAR): Nov. 18. 1863

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Gilliam
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Edwin Guerin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Juliana Gilliam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: C. A. Guerin
(Address): Gilliam Mo.

15. FILED: July 18. 1927. J. H. Gaerlein, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 15 1927

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ I visited here to ~~attend~~ here, 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 8 A. M., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Skull crushed by a McCormick binder wheel while threshing (duration) mos. ... ds.

CONTRIBUTORY (SECONDARY): None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: ✓
IF NOT AT PLACE OF DEATH: ✓
DID AN OPERATION PRECEDE DEATH: no DATE OF: ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) R. R. Ayers Acting Coroner
July 15, 1927 (Address) Gilliam Mo

*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: Gilliam Mo
DATE OF BURIAL: July 17 1927

20. UNDERTAKER: Jones & Saline
ADDRESS: Slater

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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