

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 3036

City St. Charles (No. 1820)

Randolph St. (Ward)

File No. 28138

Registered No. 28138

2. FULL NAME

John Meril Guthrie

(a) Residence (No. 1820 Randolph 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

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

Sep 25-1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

✓

11

21

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)

St. Charles

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Meril Guthrie

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Rockport

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Anth Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Meril Guthrie

(Address)

1820 Randolph St.

15.

FILED

9-17, 1927

Otto Beckemeier

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sep 16 1927

17.

I HEREBY CERTIFY That I attended deceased from Sep 9th, 1927, to Sep 16th, 1927, that I last saw him alive on Sep 10th, 1927, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

1130

CONTRIBUTORY (SECONDARY)

Malnutrition

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. M. Lacton

, 19

(Address)

St. Charles, Mo.

*State the DISEASE CAUSING DEATH, or an 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

DATE OF BURIAL

St. Charles Burial Ground

Sep 17 1927

20. UNDERTAKER

ADDRESS

W. Hallmeyer & Sons Co

800 1/2 2nd St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

1927

