1928

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

Do not use this space. Welch

1. PLACE OF DEATH

County Macon — Registration District No. 527 — File No. 27854

Township — Primary Registration District No. 4313 — Registered No. 18

City Bevier. (No. ..... St. ..... Ward)

2. FULL NAME Van B. Guffey

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Guffey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 24 1876.

7. AGE: Years 52 | Months 0 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Ky

PARENTS

10. NAME OF FATHER: Richard Guffey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Ky
12. MAIDEN NAME OF MOTHER: Matilda Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Ky

14. INFORMANT: Fred Guffey (Address) Bevier Mo.

15. FILED 8/21, 19..... Ted Peake REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 19 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Aug 19, 1928 that I last saw him alive on Aug 19, 1928, and that death occurred, on the date stated above, at 2:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

41683

Carcinoma of Stomach

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44a

(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? Phys Exam

(Signed) Wanda, M. D

Aug 21, 1928 (Address) Callao 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: Bevier Cemetery — DATE OF BURIAL: Aug 21 1928

20. UNDERTAKER: Albert Skinner — ADDRESS: 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.