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.

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

Do not use this space.

28576

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. 3649 Cass Av St. ..... Ward)

File No. .....

Registered No. 8022

2. FULL NAME Mary Ann Guy

(a) Residence. No. 3649 Cass St., 11 Ward. (3649 Cass Av)
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 7, 1838

7. AGE: Years 90 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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): Clarksville, Mo

PARENTS

10. NAME OF FATHER: John Calvin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

12. MAIDEN NAME OF MOTHER: Rosanna Sherwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Mrs Chas. Daniels
(Address) 3649 Cass Ave

15. FILED AUG -6 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8 - 5 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1928 to Aug 4 - 1928 that I last saw her alive on Aug 4 - 1928 and that death occurred, on the date stated above, at 10 - a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arteria Sclerosis

(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? nonal

(Signed) D. P. Wrighy M. D

8-6-1928 (Address) 2418 N Grand

*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: Ellsberry, Mo.

DATE OF BURIAL: 8-6 1928

20. UNDERTAKER: H. D. Bradley

ADDRESS: Ellsberry, Mo