

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.

1747

1. PLACE OF DEATH

County Jackson
Township Clark
City Harrison City No. 2915

Registration District No.

399

Primary Registration District No.

1002

File No.

Registered No.

339

St.

Ward

2. FULL NAME

Mrs. Virginia Guilman
(a) Residence No. 2915 Campbell St. 4 Ward.
(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

F

4. COLOR OR RACE

wh

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

widow

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

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

Dec. 9, 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

71

1

13

8. OCCUPATION OF DECEASED

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

Retired

(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)

S. Car.

10. NAME OF FATHER

Tyler Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

S. Car.

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Miss Nannie Morgan
2915 Campbell

15.

FILED

1-22-29 M. M. Crowe

REGISTRAR

-3 MEDICAL CERTIFICATE OF DEATH

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

Jan. 22, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929

, 19, to Jan. 22, 1929

(that I last saw him alive on Jan. 22, 1929, and that

death occurred, on the date stated above, at 7:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial Nephritis

131

(duration) yrs. mos. ds. 22

CONTRIBUTORY Hypertension, Cardiac (SECONDARY)

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F. B. Wallace, M. D.

1/23, 1929 (Address) 713 Hathorn Bldg-

*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.

15. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elmwood

Jan 25, 1929

20. UNDERTAKER

ADDRESS

St. Newcomer's Sons R. G. Mo.

ex. Frank R. Wallace
713 Lathrop Bldg.
Vic 0663.
12-5.