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

Do not use this space.

1. PLACE OF DEATH
County LINN — Registration District No. 504 — File No. 11429
Township Grantsville — Primary Registration District No. 5667 — Registered No. 4
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Jane Guyer
(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 58 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: Thomas, J. Guyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 8, 1840.

7. AGE: Years 88 — Months 11 — Days 24 — If LESS than 1 day, 13 hrs. or 50 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): Athens County
(STATE OR COUNTRY): Ohio.

PARENTS
10. NAME OF FATHER: Reuben Hague
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: ~~Jane~~ Margaret Forake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. Mae Owens
(Address): Rt #1 Purdin, Mo-

15. FILED 3-3, 1929 U C Dryden, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb Feb. 9, 1929, to Mar. 2, 1929 that I last saw her alive on Mar. 2, 1929, and that death occurred, on the date stated above, at 3:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure and Old Age- Rheumatic Heart-
56D
56E
162
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Rheumatism
(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. L. Martin D.O.
Mar. 3, 1929 (Address) Purdin, 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: Grove Hill — DATE OF BURIAL: 3/4 1929
20. UNDERTAKER: Hunter & Rollin — ADDRESS: Brookfield

WRITE PLAINLY, WITH UNFADING INK

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.

1929 58 0 0 235 2 2 2