MAR 29 1930

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

Do not use this space.

11384

1. PLACE OF DEATH
County: Stoddard
Township: Duck Creek
City: Puxico Mo (No. ..... St. ..... Ward)

Registration District No. 840
Primary Registration District No. 6102

File No. .....
Registered No. 11

2. FULL NAME: Mary B. Kell Guyman

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Oscar Guyman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 21 - 1906

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 6 | 12 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Puxico Mo

PARENTS
10. NAME OF FATHER: Robert Kell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arlington Ky
12. MAIDEN NAME OF MOTHER: Julia Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Puxico Mo

14. INFORMANT: Mrs Wallace
(Address): Puxico Mo

15. FILED 3/4, 1930 E. L. Hope REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to March 4, 1930, that I last saw h... alive on March 4, 1930, and that death occurred, on the date stated above, at 11.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
..... (duration) ..... yrs. 3½ mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: ✓

19. DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) E. L. Edmond, M. D.
3/4, 1930 (Address) Puxico 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: Puxico Cemetery — DATE OF BURIAL: March 5 1930

20. UNDERTAKER: Hickman White Store Co — ADDRESS: Puxico 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.