

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

Do not use this space.

33055

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 99
Primary Registration District No. 902
(No. St. Mary's Hospital)

File No. _____
Registered No. 4285
St. _____ Ward _____

2. FULL NAME John Albert Guthrie

(a) Residence. No. _____ St. _____ 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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 18-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 5 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Section Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer Kansas City Southern RR

9. BIRTHPLACE (CITY OR TOWN) Bentonville
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Mrs. Mathews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) _____

14. INFORMANT William A. Guthrie
(Address) Nesha, Missouri

15. FILED 10/22, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22-1930

17. I HEREBY CERTIFY, That I attended deceased from _____ 1930, to _____ 1930
that I last saw him alive on 10-21-1930, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral embolism
chronic nephritis
chronic myocarditis
arteriosclerosis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1210 W. 131
IF NOT AT PLACE OF DEATH 93 E.

0 DID AN OPERATION PRECEDE DEATH? 0 DATE OF _____

0 WAS THERE AN AUTOPSY? 0
WHAT TEST CONFIRMED DIAGNOSIS Glundt & Johnson
(Signed) W. J. Mueller M. D.

10-22-1930 (Address) 814 W. 131

*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 Anderson Missouri DATE OF BURIAL Oct 24 1930

20. UNDERTAKER Wm J. Sheehan ADDRESS W. J. Ma

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.

FEB 18 1969