

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

Do not use this space.

40248

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.

JAN 21 1931

1. PLACE OF DEATH  
 County Madaway Registration District No. 622  
 Township Hughes Primary Registration District No. 4378  
 City Graham (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marian R. Guy  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>2</u>	<u>1</u>	

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 \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Jul 25, 1929, to Dec 13, 1930 (that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 9 A. m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of the uterus

46 <sup>48</sup> (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTOR (SECONDARY) None (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 None  
 (Signed) E. L. Morgan, M. D.  
 , 19 (Address) Graham, Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mad Co Mo

10. NAME OF FATHER Robert Guy

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

12. MAIDEN NAME OF MOTHER Bettie Burris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mad Co Mo

14. INFORMANT (Address) Mrs Jno Wilson Graham Mo

15. FILED 12-18-30 W. M. Rhoads REGISTRAR  
Jan-7-31 C. P. Fryer

19. PLACE OF BURIAL, CREMATION, OR REMOVAL & DATE OF BURIAL  
Graham Mo 12-14 1930

20. UNDERTAKER  
Price Funeral Home  
Maryville Mo

