

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

Do not use this space.

26896

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 7911)

Registration District No. 7911
Primary Registration District No. 1003

File No.
Registered No. 8098
St. Ward)

2. FULL NAME

Zona Guthrie

(a) Residence. No. 1393 Belt St., 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. ? mos. ? ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>[Signature]</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-24-1912</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>10</u>
	DAY <u>29</u>	If LESS than 1 day, hrs. min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Saleslady</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Neisner's Stores</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>William R. Guthrie</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Newton</u> (STATE OR COUNTRY) <u>Iowa</u>
	12. MAIDEN NAME OF MOTHER <u>Anna Mae Courton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Cash</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Joe Taffler
(Address) 1501 NATIONAL HOSPITAL

15. FILED 119 22 1931 Shep Crabtree
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 20 1931

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to July 20, 1931, 1931, that I last saw him alive on July 20, 1931, and that death occurred, on the date stated above, at 1:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
2 3 (duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) 2 3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH not known

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Basilian Sputum

(Signed) Henry J. Hirsch M. D.
7-20-1931 (Address) NATIONAL HOSPITAL

*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 Oak Grove Cemetery DATE OF BURIAL July 23 1931

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

