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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 28382
Township Kaw — Primary Registration District No. 1002 — Registered No. 3510
City Kansas City, Mo. (No. 2101 Linwood Blvd. St. Ward)

2. FULL NAME William A. Guettler
(a) Residence. No. 2101 Linwood Blvd. St., 12 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Mariied

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie A. Guettler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 15, 1865

7. AGE: Years 86, Months 7, Days 2, If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Baker
(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): Wis.

PARENTS
10. NAME OF FATHER: Hermann Guettler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Ulrica Stuck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Roy Guettler
(Address) 5111 Lydia

15. FILED 8/18, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from ___, 1920, to Aug 17, 1931, that I last saw him alive on Aug 16, 1931, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92A Mitral Regurgatation
95B Aortic "
Heart Bloc
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Broken Compensation
(duration) yrs. 3 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? Clinical.
(Signed) Isadore Anderson M. D
, 19 (Address) 1317 Rialto Bldg

*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: Mt Moriah — DATE OF BURIAL: Aug 19 1931

20. UNDERTAKER: R. V. Lindsey & Sons, Inc. — ADDRESS: K.C.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.