

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township
City Huntsville (No.)

Registration District No. 1733
Primary Registration District No. 4438

32195

File No.
Registered No. 45 St. Ward)

2. FULL NAME

Daisy Marie Guffin

(a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE Col 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) June 10-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Huntsville Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lige Guffin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Humble Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cor Kitcher

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

14. INFORMANT Cor Guffin
(Address) Huntsville Mo

15. FILED Oct 2 1931 59 Mass
REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1931

I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to Sept 29, 1931, that I last saw him alive on Sept 29, 1931, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral embolus
82 B
56 A
(duration) yrs. mos. ds.
CONTRIBUTORY Rheumatic Endocarditis
(SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. D. Bragg, M. D.
, 19 (Address) Huntsville

*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 Huntsville Cem DATE OF BURIAL Oct 1 1931

20. UNDERTAKER Tom B Patton ADDRESS Huntsville

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.

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