

Dr. Aldridge

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

Do not use this space.

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township ..... Primary Registration District No. 3014  
 City Jefferson (No. ....) St. .... Ward)

37202 / 381

File No. ....

Registered No. ....

**2. FULL NAME** Emma Barbara Guhleman

(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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Guhleman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-14-1878</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>53</u>	<u>10</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville, Ills</u>				
FATHER	13. NAME <u>Jacob Maurer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Mary Mootze</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills</u>			
17. INFORMANT <u>Henry Guhleman</u> (ADDRESS) <u>Jefferson City, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>River View</u> DATE <u>11-18</u> 19 <u>31</u>				
19. UNDERTAKER <u>Wymore-Gordon</u> (ADDRESS) <u>Jefferson City, Mo</u>				
20. FILED <u>11-30-31</u> <u>W. Bedford</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 16 1931.  
 I last saw h. W alive on Nov 16 1931 Death is said to have occurred on the date stated above, at 8 P m.  
 The principal cause of death and related causes of importance were as follows:  
538  
tumor  
Malignant Spinal Cord  
 Other contributory causes of importance:  
tumor  
Spinal Cord Malignancy  
 Name of operation removal tumor Date of 1931  
 What test confirmed diagnosis? Micro Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury M. Caldwell  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify M. P. Caldwell M. D.  
 (Signed) W. Bedford  
 (Address) Jefferson City, 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.

DEC 21 1931

WHITE CERTIFICATE WITH CHANGING INFORMATION IS A PERMANENT RECORD

