

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

Do not use this space.

1169

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 10)

Registration District No. 399  
Primary Registration District No. East 44th 02

File No. \_\_\_\_\_  
Registered No. 207  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Mrs. Nellie S. Guyer

(a) Residence. No. 10 E. 44th St. 7 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. John J. Guyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	4	24	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 235  
(b) General nature of industry, business, or establishment in which employed (or employer) 156A  
(c) Name of employer 69B

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Maryland 2

PARENTS

10. NAME OF FATHER Lawrence Pridham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England 8

12. MAIDEN NAME OF MOTHER Sarah Ellen Manning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mr. J. B. Williams

(Address) 10 E. 44th St., K.C.Mo.

15. FILED 1/19/32 M M Cross REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18th-1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to Jan 18, 1932, that I last saw h.e. alive on Jan 16, 1932, and that death occurred, on the date stated above, at 2:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Toxic absorption. Pressure. Acardic base w/pt.  
..... (duration) ..... yrs. .... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
..... (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? ⓪

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) L. G. McElvain M. D.

19 (Address) 1004 Rialto Bldg. K.C.

\*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**

Baltimore-Maryland

**DATE OF BURIAL**

Jan. 21 1932

**20. UNDERTAKER**

Gates Funeral Home

**ADDRESS**

K.C. Kans.

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

N. E.—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.

Dr. H. J. De Haven  
Albino Birdy.

3-5.