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

Do not use this space.

11636

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 83 — File No.:

Township: Crawford — Primary Registration District No.: 5124 — Registered No.:

City: (No. St. Ward)

2. FULL NAME: David Albert Guinn

(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.

JUN 8 1 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Ella Guinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Platte Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Morgan Guinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Harriett Figgett

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

14. INFORMANT: O. P. Guinn
(Address): Edgerton Mo.

15. FILED 4/18, 1932 — R. S. Bell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932, to Apr 17 1932, that I last saw him alive on Apr 8 1932, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. 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? Paralysis

(Signed) Jos. M. Hale, M. D.

, 19 (Address) Dearborn Mo

*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	DATE OF BURIAL
Union Mill Cem. Apr 19th	1932
20. UNDERTAKER	**ADDRESS**
Lucian Davis	Dearborn 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.