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.

JUN 23 1932

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

Do not use this space. 16647

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No. 19
Township Mt. Vernon — Primary Registration District No. 5633 — Registered No.
City (No. , St. Ward)

2. FULL NAME Mr. Homer Guthrie, Mo. State Sanatorium
(a) Residence, No. Stephens, Mo. St., Ward. Mt. Vernon, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Negro
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) March 18-1911
7. AGE Years 21 Months 2 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm-laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) Oct. 10th 1931
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stephens, Mo.

FATHER
13. NAME Earnest Guthrie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Hicken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mother, Mary Guthrie
18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Mo DATE 6/1 1932
19. UNDERTAKER (ADDRESS) Orr, Undertaker, Mt. Vernon, Mo.
20. FILED Jun 8 1932 W. I. Fulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan. 20th, 1932, to May 31st, 1932
I last saw him alive on May 30th, 1932 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis F.A.C.	Jan. 1929
23A	

Other contributory causes of importance: (1)

Name of operation none Date of
What test confirmed diagnosis? Clinical and microscopical Was there an autopsy? no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Scott P. Child M. D.
(Address) State Sanatorium Mt. Vernon, Mo.