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.

AUG 23 1932

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

Do not use this space.

22254

1. PLACE OF DEATH
21 County Chariton
Township
City Keytesville (No. ..... St. ..... Ward)

Registration District No. 171
Primary Registration District No. 5237

File No.
Registered No. 16

2. FULL NAME Winnie Gutheridge

(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 57 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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → Geo Gutheridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1858

7. AGE: YEARS 73 | MONTHS 8 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Chariton Co Mo / Mo

FATHER
13. NAME Geo Akers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Mary Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Geo Gutheridge Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE July 22, 1932

19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline Mo

20. FILED July 22 1932 Zettie Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7—21—, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4—6—, 1930, to 7—20—, 1932
I last saw her alive on 7—20—, 1932 Death is said to have occurred on the date stated above, at 9-A. m.
The principal cause of death and related causes of importance were as follows:

4—6—30
Septic Goiter.

Date of onset

Other contributory causes of importance:
66B ①

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) A W Rillman, M. D.
(Address) Keytesville,