

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

Do not use this space.

25094

1. PLACE OF DEATH

County Shelby
Township Taylor
City Seward (No. _____)

Registration District No. 833
Primary Registration District No. 6096

File No. _____
Registered No. 5 St. _____ Ward _____

2. FULL NAME

Samuel Adrain Guines

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Guines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Samuel C. Guines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sara Gillaspie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Pearl Guines (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Seward Mo DATE 7-10 1932

19. UNDERTAKER Edna Beckett (ADDRESS) Seaward Mo

20. FILED July 10 1932 E. H. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to July 1932
I last saw him alive on July 7 1932 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

chronic nephritis
137
1350 131
131
Other contributory causes of importance: uremia
Date of onset July 1931

Name of operation Prostatectomy Date of Dec 1931
What test confirmed diagnosis? urine comp. 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.

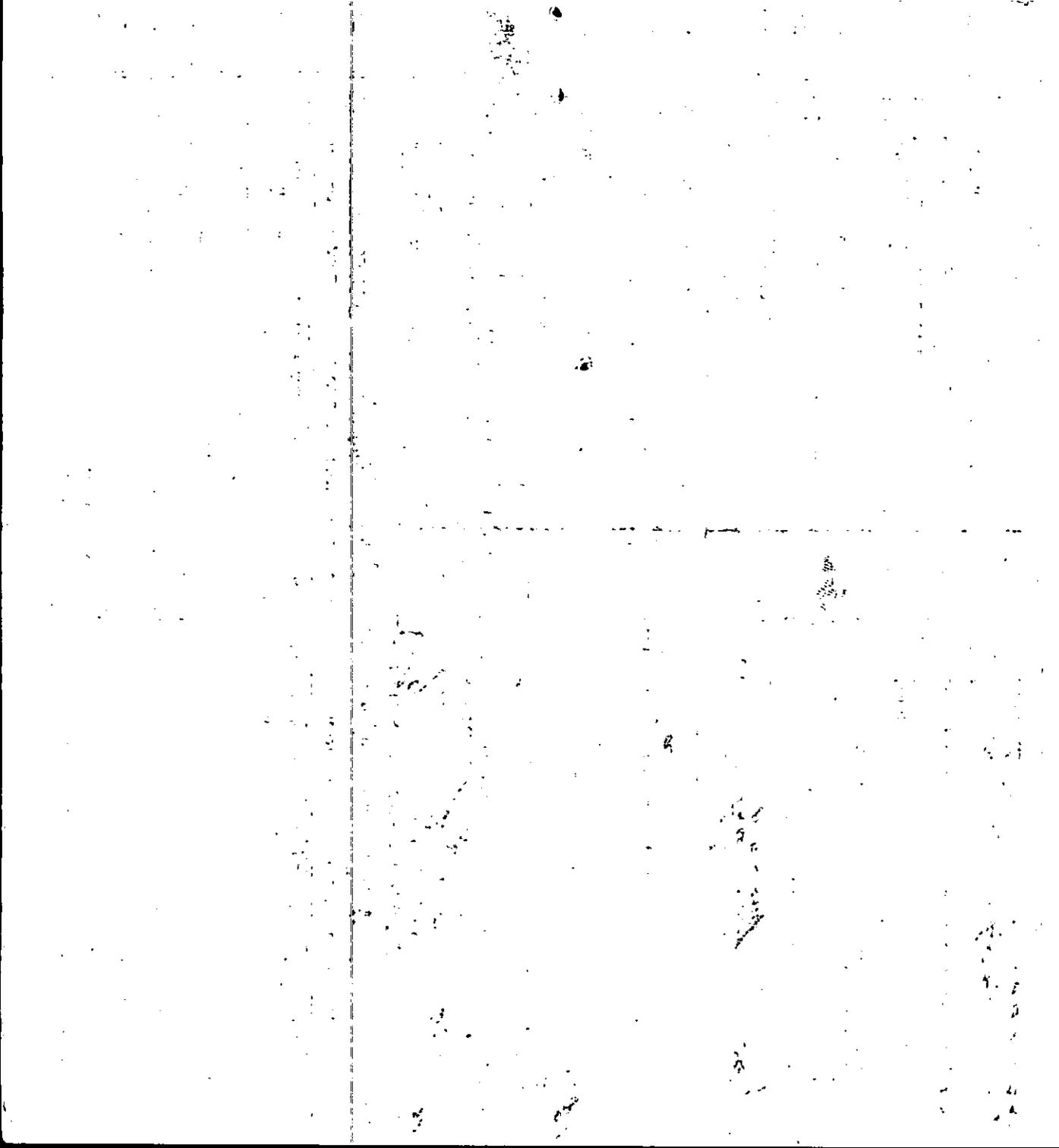
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) L. L. Simpson, M. D.
(Address) Bethel Missouri

AUG 27 1932

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.



Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

833

#2 25094

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Samuel Adrian Gaines
Who died at Shelby County on July 8, 1932
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 11 Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Chronic Nephritis

Other contributory causes of importance: Prostatectomy Depression

Name of operation Prostatectomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

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