

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

Do not use this space.

25627

1. PLACE OF DEATH

17 County Carroll
5 Township a
3 City Hale (No. _____)

Registration District No. 137
Primary Registration District No. 4077

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Orlando R. Guilford

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie M. Guilford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 1 9

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME D. K.

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

17. INFORMANT Fred Guilford, Hale Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE 3007 Sumner Mo. DATE Aug. 17 1932

19. UNDERTAKER W. G. Thorne
(ADDRESS) Leeds Mo.

20. FILED Aug 18 1932 W. K. Kershner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932, to Aug 18 1932

I last saw him alive on Aug 14 1932. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Infection of bladder
prolonged use of catheter on
account of large
prostatic gland

Date of onset
Cath. used
Aug
1-17

Other contributory causes of importance:
137
135B 137 1

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____

If so, specify _____

(Signed) W. K. Kershner, M. D.

(Address) Hale Mo

Died Aug. 15, 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.

OCT 25 1932

