

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

Do not use this space.

25648

1. PLACE OF DEATH

19 County Coass
Township Pleasant Hill
City Pleasant Hill (No. _____)

Registration District No. 157
Primary Registration District No. 5221

File No. 7
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wm T Guldner
(Usual place of abode) Pleasant Hill Mo Ward. _____

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 Male 4. COLOR OR RACE White 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) Oct 12-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
83 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Joe T Guldner

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

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Mathews Ky

17. INFORMANT (ADDRESS) Mrs J. D. Heron Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish DATE Aug 2 1932

19. UNDERTAKER (ADDRESS) W. W. Fox Pleasant Hill Mo

20. FILED Aug 2 1932 J. P. Murray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1932, to Aug 1 1932. I last saw him alive on Aug 1 1932. Death is said to have occurred on the date stated above, at A.P. m.

The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation unknown
hypertension
92 B
102
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) J. P. Murray, M. D.
(Address) Pleasant Hill, 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. AUG 22 1932

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