

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

Do not use this space.

38057

1. PLACE OF DEATH

County Stoddard Registration District No. 857
Township Cattor Primary Registration District No. 6099
City (No. _____) St. _____ Ward _____

2. FULL NAME

Ella M. Guilt

(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 F 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 J. A. Guilt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 11 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Stoddard Co. Mo
13. NAME L. Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho
15. MAIDEN NAME Anna Seiber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT (ADDRESS) J. A. Guilt Bloomfield Mo R 4
18. BURIAL, CREMATION, OR REMOVAL PLACE Sick room DATE 11-10-1932
19. UNDERTAKER (ADDRESS) J. A. Guilt & Co Bloomfield Mo
20. FILED Nov 10 1932 W. A. Guilt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1932
22. I HEREBY CERTIFY, (That I attended deceased from Oct 21 1932 to Nov 9 1932)
I last saw him alive on Nov 6 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis. Date of onset PK
97 ① 97
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Embolus 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 _____, 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? _____
If so, specify _____
(Signed) Edward Ford M. D.
(Address) Bloomfield Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 28 1932

