WRITE 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.

APR 24 1933

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

Do not use this space.

11984

1. PLACE OF DEATH
County Ralls
Township
City Miami Mo. (No. ..... St. ..... Ward)
Registration District No. 797
Primary Registration District No. 4477
File No.
Registered No. 15

2. FULL NAME Churchill Hunt Guthrey
(a) Residence. No. Miami Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred about all his life 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 x

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-23-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miami
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John G. Guthrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buckingham Co.
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Saymour Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yonkers
(STATE OR COUNTRY) New York

14. INFORMANT Mrs. Virginia Pickett
(Address) Miami Mo.

15. FILED 3-14, 1933 Frank H. Halloran REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 - 1933

17. I HEREBY CERTIFY, That I attended deceased from March 6 - 1933, to March 13, 1933 that I last saw him alive on March 13, 1933, and that death occurred, on the date stated above, at 1-45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Edema of left Lung

115 N's

(duration) about 1½ days yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septic Sore throat

(duration) — yrs. — mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Miami Mo.
IF NOT AT PLACE OF DEATH x
DID AN OPERATION PRECEDE DEATH? No DATE OF x
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) H. D. Grady, M. D.
3-13, 1933 (Address) Miami Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miami Mo
DATE OF BURIAL March 15th 1933

20. UNDERTAKER George Wilson
ADDRESS Miami Mo