

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

Do not use this space.

23534

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Waller Primary Registration District No. 5574
City Osata (No. _____) St. _____ Ward _____

File No. _____
Registered No. 54

2. FULL NAME

(a) Residence, No. Rural St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 84 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amada Guley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8th 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>8</u>	<u>12</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1881
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 1891
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) Jefferson

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Oliza Hanaway

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

17. INFORMANT (ADDRESS) J. Guley

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlam DATE 7-22-33

19. UNDERTAKER (ADDRESS) Richardson & Mothershead

20. FILED 7/22 1933 D. J. Ruggie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th 1933

22. I HEREBY CERTIFY That I attended deceased from July 19, 1933 to July 20, 1933
I last saw him alive on July 20, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Conflagration caught him trying to stop a horse from burning on farm
Other contributory causes of importance: Heat exhaustion caught from burning tree

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 _____, 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? _____, specify _____
(Signed) David Ford, M. D.
(Address) Osata Mo

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.

AUG 28 1933

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