

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.

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

Do not use this space.

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1. PLACE OF DEATH
County Green Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo. No. 822 N. Campbell Ave St. _____ Ward _____
2. FULL NAME Mrs. Ida Guilfoyle
(a) Residence, No. 822 N. Campbell St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 John E. Guilfoyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1878

7. AGE YEARS 55 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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) Vincennes Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

MOTHER
15. MAIDEN NAME Ill.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT John E. Guilfoyle (ADDRESS) 822 N. Campbell
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Dec 31 1933
19. UNDERTAKER F. C. Thieme (ADDRESS) Springfield Mo
20. FILED 12/30 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1933

22. I HEREBY CERTIFY That I attended deceased from November 1931 to December 1933
I last saw him alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 10:25 in.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset 1931
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Other contributory causes of importance
3 Name of operation Radiation treatment Date of 1931
What test confirmed diagnosis? Biopsy 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. Newton Workman M.D.
(Address) Med. Arts Bldg., Springfield, Mo.

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Handwritten notes or signatures in the center of the page, including what appears to be a signature and some illegible text.

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