

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

504

Township

Primary Registration District No.

5667

City

(No.)

File No.

5629

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

male

white

Single

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

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

Aug 11-1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

44

6

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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

Feb 4/34

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

Matvorn ark

13. NAME

James L. Guyer

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

Linnings mo.

15. MAIDEN NAME

Anna Inglis

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

Stip lin mo

17. INFORMANT (ADDRESS)

Mathie Guyer

18. BURIAL, CREMATION, OR REMOVAL PLACE

Deer Branchgate Feb 17 34

19. UNDERTAKER (ADDRESS)

Hunters Pt. all right Moorfield mo

20. FILED

2-17 34

U.C. Dryden

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1934, to Feb 16 1934

I last saw him alive on Feb 15 1934 Death is said

to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 2-12-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chemical 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)

E. D. Standley

M. D.

(Address)

Beverlyfield 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.

