

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City Saint Joseph (No. Missouri Methodist Hosp.)

Registration District No. 85
Primary Registration District No. 1001

File No. 23272
Registered No. 778
Ward

2. FULL NAME

(a) Residence, No. 1516 Seventh Ave. 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>11</u>	<u>10</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
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) Saint Joseph, Missouri
(STATE OR COUNTRY)

13. NAME Roy O. Guy

14. BIRTHPLACE (CITY OR TOWN) Doniphan County, Kansas
(STATE OR COUNTRY)

15. MAIDEN NAME Anna B. Roll

16. BIRTHPLACE (CITY OR TOWN) Doniphan County, Kansas
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Roy O. Guy, 1516 Seventh Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Arkland Cove DATE July 7th, 1934

19. UNDERTAKER (ADDRESS) E. R. Sidenfaden, 602 South 10th St.

20. FILED JUL 6 1934 John R. Borders Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1934

22. I HEREBY CERTIFY That I attended deceased from July 5th, 1934, to July 5th, 1934.
I last saw him alive on July 5th, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Strychnine Poisoning
acute, judicious with heart complication due to gas pressure from stomach & bowels with septic infection from stomach & bowels contact. Strychnine placed in candy for the purpose of killing rats - dissected the stomach & intestines - ill only 2 hours - also large dose of strychnine administered.
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 1934
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Deceased visiting at a friend's home
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. B. Simmons, M. D.
(Address) Saint Joseph, 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 14 1934

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B. G. B. B. B.