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

Do not use this space.

39509

File No. .....
Registered No. .....

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kan City (No. St Mary's Hosp St. 5021 Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Charles Guyette
(a) Residence, No. 24 So Minnie 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 Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lonnie Guyette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1883
7. AGE Years 56 Months 2 Days 16 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 2 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery 2 yrs
10. Date deceased last worked at this occupation (month and year) 11-17-34
11. Total time (years) spent in this occupation 25

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

FATHER
13. NAME Napoleon B Guyette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Margaret Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lonnie Guyette
(ADDRESS) 24 S. Minnie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE 11-20 1934

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City Kansas

20. FILED 11-19 1934 M. Br. Crowe asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1934

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

| | Date of onset |
|---|---|
| Laceration of Middle Meningeal Artery | |
| Intracranial hemorrhage | |

Other contributory causes of importance:

No 18682

Name of operation ..... Date of ..... 19..
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? Independence Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fall Downstairs
Manner of injury ..... Fall from Walking Cane
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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