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.

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

Do not use this space.

FEB 20 1935

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 237
Township Primary Registration District No. 1001 Registered No. 57
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lavina Frances Guy,
(a) Residence, No. 1018 North 3rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20th, 1861

7. AGE: YEARS 73 MONTHS 11 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) January 1935,
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Domiphan County, Kansas,

FATHER
13. NAME James Gabriel,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

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

17. INFORMANT (ADDRESS) William Guy 1018 North 3rd. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Jan. 15th. 1935

19. UNDERTAKER (ADDRESS) Heaton - BeGole - Bowman 319 So. 10th. St. Funeral Home

20. FILED 1-12- 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935, to Jan 11, 1935
I last saw her alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Dra — Date of onset 23/34

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Other contributory causes of importance:
Arteriosclerosis & hypertrophic Coronary ~~infarct~~ thrombosis with myocardial infarct ~~undoubtedly~~
Name of operation none Date of
What test confirmed diagnosis autopsy Was there an autopsy? yes

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) Clarence A Good, M. D.
(Address) St Joseph Mo