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.

APR 22 1935

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

Do not use this space.

9992

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 166
Township — Primary Registration District No. 4363 — Registered No.
City Neosho (No. ..... St. ..... Ward)

2. FULL NAME Mattie M Guthrie

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Alexander Guthrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22 1859

7. AGE: YEARS 75 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Pella Iowa

FATHER
13. NAME: Johannes Van Vark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hague, Holland

MOTHER
15. MAIDEN NAME: Wiena De Gelder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Donnell, Holland

17. INFORMANT (ADDRESS): John A Guthrie Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pella Iowa DATE 3/14 1935

19. UNDERTAKER (ADDRESS): Bighams Neosho Mo

20. FILED 3-12 1935 Dr. E M Roseberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 1 1935 to Mch 12 1935
I last saw her alive on Mch 12 1935 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury from fall	3/1/35
Concussion of brain	
1862	14

Other contributory causes of importance:
Nephritis
acute heart attack

Name of operation ..... Date of .....
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? Accident Date of injury 3-1 1935
Where did injury occur? At Home Neosho Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury fall in house
Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J A Guthrie, M. D.
(Address) Neosho Mo