

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

Do not use this space.

20297

JUL 24 1935

1. PLACE OF DEATH

56 County Linn
 Township Parson Creek
 City (No.) _____

Registration District No. 303
 Primary Registration District No. 3659

File No. _____
 Registered No. 106
 St. _____ Ward _____

2. FULL NAME

Madge Alice Guthors

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. - — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Geo. L. Guthors</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR 29-1889</u>		
7. AGE	YEARS	MONTHS
	<u>46</u>	<u>1</u>
		10
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	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) <u>Lincoln Nebraska</u>	13. NAME <u>Leri Wilhelm</u>
MOTHER	15. MAIDEN NAME <u>Etta Cunningham</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belpho Co Ohio</u>
	17. INFORMANT (ADDRESS) <u>Geo. L. Guthors</u>	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Medvale Mo</u> DATE <u>6-11-35</u>
	19. UNDERTAKER (ADDRESS) <u>Samuel Brown</u>	20. FILED <u>6-10</u> 19 <u>35</u> <u>Medvale Mo</u> <u>Warr</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1935

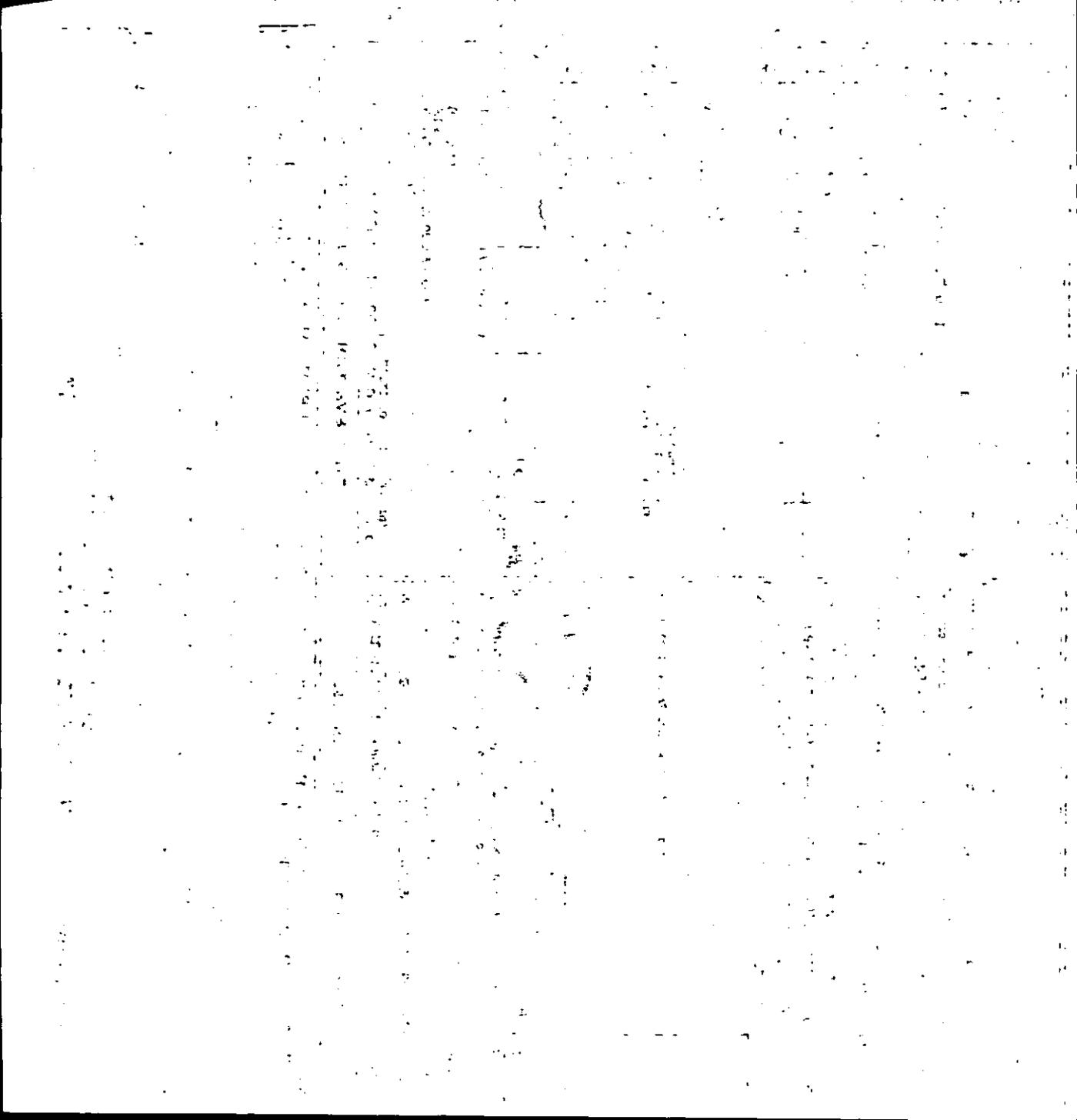
22. I HEREBY CERTIFY That I attended deceased from Sept 28 1934 to June 9 1935
 I last saw him alive on June 9 1935. Death is said to have occurred on the date stated above, at 4:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
with
urine poisoning
 Other contributory causes of importance:
Septicemia with
thrombosis & pyelonephritis
in type

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? _____ 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? _____
 If so, specify _____
 (Signed) W. W. White M.D.
 (Address) Medvale Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY,
Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 503
Township Jason Creek Primary Registration District No. 3669
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Madge Alice Guthrie
(a) Residence, No. _____ 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 7 **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m.
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 10

OCCUPATION
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) (STATE OR COUNTRY)

FATHER **13. NAME**

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

MOTHER **15. MAIDEN NAME**

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED 6-10 1935 - E. F. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Hypertension with
atherosclerosis Chronic
ischaemic
Date of onset _____

Other contributory causes of importance:
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? _____ 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?
If so, specify _____
(Signed) H. E. Hite, M.D. M. D.
(Address) Meadville Mo.

AUG 6 1967

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