SEP 18 1935

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

Do not use this space.

25636

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph, Mo. (No. 1006 South 17th St. Ward)

File No.: — Registered No.: 852

2. FULL NAME: Artis G. Guthery

(a) Residence, No. 1006 South 17th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isabelle Guthery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 5, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

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): Green Co. Ind.

FATHER

13. NAME: Young Guthery

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): John Guthery St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Auburn DATE: 8/10/35, 19

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC.

20. FILED: 8-12-35 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935 to Aug. 8, 1935

I last saw him alive on Aug. 7, 1935. Death is said to have occurred on the date stated above at 11:50 a.m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

general arteriosclerosis

Name of operation: none Date of: none

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) S. E. Melursey, M. D.

(Address) 401 Ballinger Bldg.

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.

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