SEP 2 0 1935

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

Do not use this space.

26132

1. PLACE OF DEATH

County Gasconade Registration District No. 305

Township ~~Brush Creek~~ Canaan Primary Registration District No. 5422

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 22

2. FULL NAME Louis Guese

(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: Male

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~~ Lottie C. Guese

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	5	15	

OCCUPATION

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

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) Senate Grove, Mo.

FATHER

13. NAME Fred Guese

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

MOTHER

15. MAIDEN NAME Louise Reppe

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

17. INFORMANT (ADDRESS) Lottie C. Guese Owensville, Mo. R. 3

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns Church Bem. Mo. DATE Aug. 7, 1935

19. UNDERTAKER (ADDRESS) W. F. Gottenstroeter Owensville, Mo.

20. FILED 8-19, 1935 J. F. Ferrell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to to Aug 5, 1935

I last saw him alive on Aug. 3, 1935. Death is said to have occurred on the date stated above, at 10:20 p.m.

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

Chronic Interstitial Nephritis — Date of onset 1933

131

Other contributory causes of importance:

~~Ath~~ arteria Sclerosis

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 None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph W Mills, M. D.

(Address) Owensville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.