

DEC 18 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35743

1. PLACE OF DEATH

County Greene
Township Luzerne
City Springfield (No. 1003)

Registration District No. 318
Primary Registration District No. 2001
Baptist Hospital

File No. _____
Registered No. 564
St. _____ Ward) _____

2. FULL NAME Carroll W. Guthrie

(a) Residence, No. _____, W. Vernon, MO. 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7th 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. architect
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) W. Vernon, Mo.

13. NAME C. B. Guthrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Vernon, Mo.

15. MAIDEN NAME Sarah J. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Vernon, Mo.

17. INFORMANT Emmie Guthrie
(ADDRESS) W. Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Vernon, Mo. DATE Nov 4th 1935

19. UNDERTAKER H. L. Farnett
(ADDRESS) W. Vernon, Mo.

20. FILED 11-4-1935 W. Vernon, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

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

I last saw him alive on Nov. 1, 1935 Death is said to have occurred on the date stated above, at 9:30 m.

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

as the result of
burns, 3/4 of entire
body, back.
Accidental - from gasoline

Other contributory causes of importance: lighting of
supposed empty can, lighted
cigarette and can exploded
out in open - not in building?
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 accidental, 19 35

Where did injury occur? Mo. - So. of mill
(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 W. S. Bunney, M. D.
(Signed) W. S. Bunney
(Address) W. Vernon, Mo.

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.

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