

DEC 26 1935

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

Do not use this space.

36007

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K. C. Mo. (No. 3411 Tracy) St. _____ Ward _____

File No. _____

Registered No. 52302. FULL NAME Miss Frances Marian Guy

(a) Residence, No. 3411 Tracy 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
62 7 10

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

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) Pennsylvania13. NAME Shephard L. Guy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Agnes Anna Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia17. INFORMANT Miss Jessie G. Guy,
(ADDRESS) 3411 Tracy18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Nov. 7 193519. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway20. FILED Nov 6 1935 M. M. Cerome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 193522. I HEREBY CERTIFY, That I attended deceased from 7/10/35 to 8/6/35, 1935I last saw him alive on 8/6/35, 1935. Death is saidto have occurred on the date stated above, at 7:35m. A.M.

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

Coronary of the left heart Date of onset

Other contributory causes of importance:

Recent loss of widowSince 8/6/35

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....., 1935

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) Shephard L. Guy M. D.(Address) 800 Angyle Harrison city mo.

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.

Dr. J. A. Lockwood
Angyle Ridge
V.

11:30
to
4:30