

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

Do not use this space.

1933 16 1936

39389

**1. PLACE OF DEATH**

County Nolt  
 Township Massena  
 City Craig (No. ....)

Registration District No. 369  
 Primary Registration District No. 4215

File No. ....  
 Registered No. 12  
 St. .... Ward

**2. FULL NAME**

Henry Frank Guilliams

(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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Guilliams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>16</u>	<u>55</u>	<u>3</u>
		DAYS
		<u>11</u>
		IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</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) <u>Mar 15 - 1935</u>
	11. Total time (years) spent in this occupation <u>10 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Craig Mo

13. NAME Calvin M. Guilliams

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

15. MAIDEN NAME Mary Jane Seaburn

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

17. INFORMANT (ADDRESS)  
Mrs Rex Steffy

18. BURIAL, CREMATION, OR REMOVAL PLACE Craig 2607 DATE 12/26 1935

19. UNDERTAKER (ADDRESS)  
Schooler Bros  
Gairfax Mo

20. FILED Dec 26 1935 Winta Anderson  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25<sup>th</sup> 1935 to Dec 25<sup>th</sup> 1935

I last saw h..... 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:

Accidental Exposure - freezing  
 Other contributory causes of importance  
140  
20

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? To

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury Dec 25<sup>th</sup> 1935

Where did injury occur? Craig Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Froze to death  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? To  
 If so, specify.....

(Signed) Winta Anderson  
Craig Nolt County 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.

