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.

DEC 23 1936

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

Do not use this space.

39721

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 100
City Kansas City, Mo (No. 1215 Manheim Road St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Jules Edgar Guinotte
(a) Residence, No. 1215 Manheim Road 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 Maud Stark Guinotte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1855

7. AGE: Years 80 | Months 4 | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge, Lawyer
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) Kansas City, Mo.

FATHER
13. NAME Joseph Guinotte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brussells, Belgium

MOTHER
15. MAIDEN NAME Aimee' Brichant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liege, Belgium

17. INFORMANT Jules B. Guinotte
(ADDRESS) 6411 Grand, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 12/23, 1935

19. UNDERTAKER John W. Wagner
(ADDRESS)

20. FILED Dec 23, 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to Dec 20, 1935
I last saw him alive on 12-20, 1935. Death is said to have occurred on the date stated above, at 10/05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Lobar Pneumonia	

Other contributory causes of importance:
① Senility
② Auricular Fibrillation

Name of operation — Date of —
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?
If so, specify.
(Signed) Mat Friedman, M. D.
(Address) Professional Bldg. K.C. Mo.

Dr Mark Goldman } Professional Bldg
I. J. Wolf } Argyle