FEB 18 1936

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

Do not use this space.

200

1. PLACE OF DEATH
County Buchanan — Registration District No. 80 — File No. 2
Township Platte — Primary Registration District No. 5121 — Registered No.
City (No. , St. Ward)

2. FULL NAME Walker Truman Guinn
(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~~ Kate Guinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14

7. AGE: YEARS 75 — MONTHS 8 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Missouri

FATHER
13. NAME Ellen Guinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Betsy Ann Binvens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Kate Guinn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cemetery DATE Jan. 15 1936

19. UNDERTAKER (ADDRESS) H. A. Sullins Gower, Mo.

20. FILED Jan. 15 1936 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935, to Jan 14, 1936.
I last saw him alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 6:15 P m.
The principal cause of death and related causes of importance were as follows:

Chronic dilatation of heart — Date of onset

Other contributory causes of importance: chronic nephritis

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 ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J C Guinn, M. D.
(Address) Gower 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.