

MAY 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Richland
City..... (No..... Ward)

Registration District No. 1004
Primary Registration District No. 6049

File No. 18481
Registered No. 7
St. Ward)

2. FULL NAME Thomas William Guest

(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 1 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>Margurett E. Guest</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 25th, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>0</u>
		DAYS
		<u>16</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>Truck Farmer</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).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Cincinnati Ohio.</u>		
MOTHER FATHER	13. NAME <u>Thos. Guest</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT <u>Margurett E. Guest</u> (ADDRESS) <u>Lamar, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moorehead cemetery</u> DATE <u>May, 12th, 1936</u>		
19. UNDERTAKER <u>River Funeral Home</u> (ADDRESS) <u>Lamar, MO.</u>		
20. FILED <u>May 20, 1936</u> <u>The Hon. Orakood,</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 11th, 193622. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 10, 1936I last saw him alive on May 10, 1936. Death is saidto have occurred on the date stated above, at 1-15 P. M.

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

Acute myocardial Failure Date of onset May 7

Other contributory causes of importance:

Influenza 1935

Name of operation Date of
What test confirmed diagnosis? clinical 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? No
If so, specify

(Signed) Bern T. Buechel, M. D.
(Address) Lamar, Missouri

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

