WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 16 1936

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

Do not use this space.

22051

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 820
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Harold B. Guy
(a) Residence, No. 322 South 15 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1900
7. AGE: YEARS 35 — MONTHS 8 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house
10. Date deceased last worked at this occupation (month and year) June 1936
11. Total time (years) spent in this occupation 14yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparks Kansas

FATHER
13. NAME Alfred Guy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Missouri

MOTHER
15. MAIDEN NAME Stella Hann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co Kansas

17. INFORMANT (ADDRESS) Alfred Guy 322 So. 15 St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Muscotah, Kansas DATE June 20 1936
19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman St. Joseph, Mo.
20. FILED June 19 1936 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on June, 19, to, 19
I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
(Rat Poison Swallowed) (Tube) (Suicidal)

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of
What test confirmed diagnosis? 1 hr facts Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 1/17, 1936
Where did injury occur? St Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Rat Poison (Suicidal)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Tommy Thomas Coroner, M. D.
(Address) 731 Faraon

100M-11-24-33