

OCT 21 1936

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

Do not use this space.

37291

1. PLACE OF DEATH

County Franklin Registration District No. 293 File No. _____
Township Calvey Primary Registration District No. 5716 Registered No. _____
City New Windsorville (No. _____) St. _____ Ward _____

2. FULL NAME

Phoebe Alice Guenzler
(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 Female 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 John Guenzler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 10 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jefferson Co, Mo.

MOTHER FATHER
13. NAME James M. David

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co, Mo.

15. MAIDEN NAME Emma Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co, Mo.

17. INFORMANT (ADDRESS) John Guenzler
Windsorville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvey Cem DATE Oct 7, 1936

19. UNDERTAKER (ADDRESS) Wm. Gray & Co
St. Clair, Mo.

20. FILED 10-6 1936 J. E. Gross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to Oct 5, 1936

I last saw her alive on Sept 28, 1936 Death is said to have occurred on the date stated above, at 4 p. m.

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

endocarditis

Date of onset
9-1-36

Other contributory causes of importance:
arthritis

9-1-36

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____

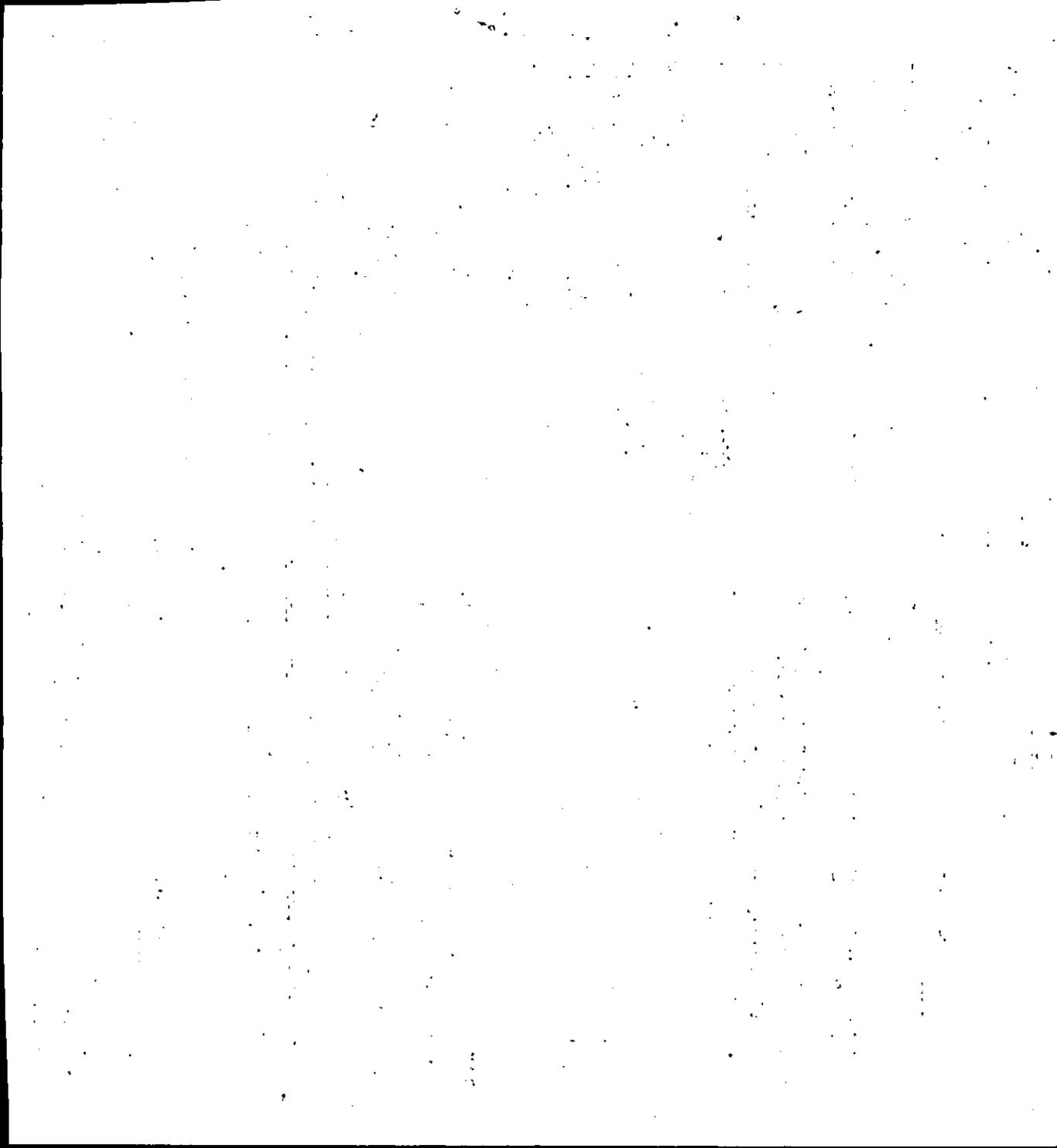
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. M. H. H. H., M. D.

(Address) Washington, Mo.



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Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Calvey
City _____ (No. _____)

Registration District No. 293
Primary Registration District No. 3416

File No. _____
Registered No. _____

2. FULL NAME

Phoebe Alice Guenzler

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs or min. |
|--------|-----------|-----------|-----------|---------------------------------|
| | <u>35</u> | <u>10</u> | <u>22</u> | |

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 10-8 1936 989 Miss Dep Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her 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:

Endocarditis Date of onset _____

Acute 1-10-37

Other contributory causes of importance:

Arthritis

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) B. E. Mankaph, M. D.

(Address) Washington

SURRENDERED

1621E-5