

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

Do not use this space.

1. PLACE OF DEATH

6 County Warton
Township Northfork
City Northfork

Registration District No. 40566
Primary Registration District No. 4024

File No. 19344
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Jane Guillin
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Guillin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 4 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 - 1937, to May - 17 - 1937
I last saw her alive on May - 1 - 1937. Death is said to have occurred on the date stated above, at 2:40 a. m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease

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

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Wis
13. NAME William Andrew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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 _____

17. INFORMANT (ADDRESS) Len Guillin Jasper Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Waters Cem DATE May 20 1937
19. UNDERTAKER (ADDRESS) Teeter Bros Jasper Mo
20. FILED 5-19-1937 Mrs. Josephine Myratt Registrar.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. H. Knott, M. D.
(Address) Jasper, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY.

JUN 16 1937

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