

100
JUL 31 1937

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

Do not use this space.

94
2
6

1. PLACE OF DEATH

County St. Francois
Township Lowry
City Osborne Mo

Registration District No. 775
Primary Registration District No. 6020-A

File No. 24779
Registered No. 48
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Osborne Ave St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Malina Guro</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>260</u>	<u>71</u>	<u>7</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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>St. Genevieve Co. Missouri</u>				
MOTHER	13. NAME <u>Xavier Guro</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Louise Meatte</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>John B. Guro</u> (ADDRESS) <u>Osborne Ave Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph's Cemetery</u> DATE <u>June 8, 1937</u>				
19. UNDERTAKER <u>Dehann's Undertaking Co</u> (ADDRESS) <u>Osborne Ave Mo</u>				
20. FILED <u>June 8, 1937</u> <u>N. W. Hawkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to June 5, 1937
I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset 4/27/37
1070
Other contributory causes of importance:
chronic bronchitis 1936
chronic bronchial asthma 1936
Name of operation None Date of _____
What test confirmed diagnosis? Physician's findings Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) David Smith, M. D.
(Address) Osborne Ave. Mo.

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.

31
31

