

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Doone  
Township Cedar  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 5110A

File No. 33616  
Registered No. 620  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emis J. Guffen

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1937, to 10-12, 1937  
I last saw him alive on 10-11, 1937 Death is said to have occurred on the date stated above, at 1.0 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1884

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 2 18

Coronary occlusion  
Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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: 948

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Obit Was there an autopsy? no

13. NAME William H. Guffen

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Mary E. Kelly

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

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

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

17. INFORMANT (ADDRESS) George Guffen  
Medico Missouri

(Signed) H. B. Fryer, M. D.  
(Address) Childs & Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boardsville DATE Oct. 14, 1937

19. UNDERTAKER (ADDRESS) Richard Hudt Co.  
Boardsville Missouri

20. FILED Oct 18, 1937 Frances Nichols  
Registrar.

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.

