

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

Do not use this space.

DEC 20 1937

40158

1. PLACE OF DEATH

County Jackson Registration District No. 379
Township Kaw Primary Registration District No. 1002
City K. C. Mo. (No. , General Hospital St. Ward)

File No.
Registered No. 61453
St. Ward

2. FULL NAME

Will Stark Guinotte

(a) Residence, No. 9th & Holmes 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) Nov. 6, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from , 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1892

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 10:55 A.M.

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>44</u>	<u>10</u>	<u>20</u>	<u> </u>

The principal cause of death and related causes of importance were as follows:
Head and third degree
burns of entire body

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

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: 180
Home and in farm

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER 13. NAME Jules E. Guinotte

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

MOTHER 15. MAIDEN NAME Maud Stark

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

17. INFORMANT Jules B. Guinotte, (ADDRESS) 722 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Nov. 8, 1937

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED Nov 7 37 M. M. Brown Registrar.

Name of operation Autopsy Date of
What test confirmed diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury Nov 6 1937
Where did injury occur? 9th & Franklin (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Choking
Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address)

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.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000