JAN 15 1938

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

Do not use this space.

File No. 44823
Registered No. 1428

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph Mo. St. Hospital #2 St. Ward)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME: John Thomas Guyton
(a) Residence. No. Higginsville Mo. Ward. Higginsville, Mo.
(Usual place of abode) (If not resident, 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Guyton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21 1893
7. AGE: Years 44 Months 11 Days 9 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corder, Mo.

FATHER
13. NAME: Robert Guyton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Alice ? ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): State Hosp. Records St. Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Higginsville Mo DATE: Jan 2 1938
19. UNDERTAKER (ADDRESS): A. H. Fader Higginsville, Mo.
20. FILED: 12/30 1937 W. J. Stallbrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1937 to Dec 29 1937
I last saw him alive on Dec 29 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcus Meningitis	12-29-37
(Staphlococcus)	
Secondary to gun shot wound	
of Head Self inflicted	
Dec 25-37	

Other contributory causes of importance:
Suicidal attempt with shotgun
Opening Skull - Opening Brain

Name of operation: No Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury: Dec 25 1937
Where did injury occur? Higginsville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Suicidal attempt with Shotgun
Nature of injury: Skull Injury over left forehead.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. E. DeLong, M. D.
(Address) State Hosp. No 2

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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