JAN 15 1938

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

Do not use this space.

File No. 44844
Registered No. 78

1. PLACE OF DEATH
County: Buchanan
Township: Washington
City: (No. St. Joseph, R F D 3 St. Ward)
Registration District No. 86
Primary Registration District No. 5127

2. FULL NAME Felix Guethle
(a) Residence, No. R F D 3 St. Joseph St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1863.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Place
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County Missouri.

FATHER
13. NAME Felix Guethle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ebershwill Baden Germany

MOTHER
15. MAIDEN NAME Mary Sigge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herzog Germany

17. INFORMANT Clara Guethle
(ADDRESS) R.F.D.#3.St.Joseph,Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt.Olivet Cemetery
PLACE St.Joseph,Mo. DATE Jan.3,1938.

19. UNDERTAKER H.O.Sidenfaden and Son
(ADDRESS) 1802 Union Str.St.Joseph,Mo.

20. FILED Dec.31 1937 B. W. Tadlock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec.31. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937, to Dec 31 1937
I last saw him alive on Dec 28 1937 Death is said to have occurred on the date stated above, at 9:20P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Dec 28 37

Other contributory causes of importance:

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

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) , M. D.
(Address) St. Joseph, Mo.

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.