REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Barton — Registration District No.: 40 — File No.: 10051

Township: — Primary Registration District No.: 4024 — Registered No.: 9

City: Lamar (No. ..., ... St. ..... Ward)

2. FULL NAME: Jennie Guthrie 360

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 3 - 1851

7. AGE: YEARS 86 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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: 6 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Charleston W. Va.

FATHER

13. NAME: Chas. V. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

MOTHER

15. MAIDEN NAME: Sara Holsaphel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

17. INFORMANT (ADDRESS): Chas. G. Reed Liberal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pierce Cemetery DATE: March 20, 1938

19. UNDERTAKER (ADDRESS): Konantz's Lamar, Mo.

20. FILED: Mch. 20, 1938 Mrs Josephine Mynatt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 19, 1938

I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 6-30 A.m.

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

Carcinoma Stomach — Date of onset

46 a

Other contributory causes of importance: Cerebral Hemorrhage

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? .....

If so, specify .....

(Signed) Thos F Miller, M. D.

(Address) Lamar. 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.