

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 16 1938

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

19138  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Perry Registration District No. 1128  
 (b) Townshp. Paris Bldg. Primary Registration District No. 5879a Registered No. 6  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Louis C. Guyot 311  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1859

7. AGE YEARS 78 MONTHS 6 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) Perry Co Mo

FATHER 13. NAME Lucian Guyot  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Johana C. Chappin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Joseph Guyot  
 (ADDRESS) McBride R. 3.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE June 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yausby & Sons  
Cerriguelle Mo

20. FILED June 10 1938 Edna Elder Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1938

I HEREBY CERTIFY That I attended deceased from May 2 1938 to May 1st 1938  
 I last saw him alive on March 10 1938 Death is said to have occurred on the date stated above, at 5:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac Drobey  
 Date of onset About 3 months ago

Other contributory causes of importance: None

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) D. L. H. H. H. M. D.  
 (Address) 557 Perryville Mo

STATEMENT TO BE MADE BY A LICENSED EMBALMER  
REGARDING THE EMBALMING OF A BODY  
WHICH IS DECEASED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Licensed Embalmer No. 2138

P. O. Address Annville Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.