

REC'D JUN 7 1938

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

19216
Do not use this space.

1. PLACE OF DEATH *Sheeps*
 (a) County *St James* Registration District No. *678*
 (b) Township *St James* Primary Registration District No. *5904* Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME *Bertha Sewell Guaranta*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Louis Guaranta*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1904*
 7. AGE YEARS *26* MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housewife*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 9 1930*
 I HEREBY CERTIFY, that I attended deceased from *Dec 2 1930* to *Dec 9 1930*
 I last saw her alive on *Dec 9 1930* Death is said to have occurred on the date stated above, at *11 am*.
 The principal cause of death and related causes of importance were as follows:
Puerperal Septicemia Date of onset _____
 Other contributory causes of importance: *14 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 FATHER 13. NAME *Frank Sewell*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 MOTHER 15. MAIDEN NAME *Anna James*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 17. INFORMANT *Louis Guaranta* (ADDRESS) *Asati*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove Cemetery* DATE *12-11 1930*
 19. FUNERAL DIRECTOR *W. E. Kiehlner* (ADDRESS) *St James mo.*
 20. FILED *6-1-* 19 *38* *Elmer B. Houck* Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis *Clinical* Was there an autopsy? *no*
 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) *William H. Stealy* M. D.
 (Address) *St James, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....

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.)