

REC'D JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Mt Pleasant
City (No.)

Registration District No. 1050
Primary Registration District No. 5635-

File No. 22276
Registered No. 4 St. Ward

2. FULL NAME Fred Guinn

(a) Residence, No. Mt Pleasant Township St. Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Sarah Binney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1938

7. AGE YEARS 62 MONTHS 5 DAYS 26 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) June 6, 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

13. NAME Elihu Guinn

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Cinderella Jamison

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Sarah Guinn (ADDRESS) Sarcoxie, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Union Cemetery DATE June 8, 1938

19. UNDERTAKER Wm C. Cole (ADDRESS) Sarcoxie, Missouri

20. FILED 7/7 1938 Rice Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938

22. I HEREBY CERTIFY That I attended deceased from after death to June 6, 1938 I last saw h and on June 6, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Other contributory causes of importance: 20 min

Name of operation _____ Date of _____
What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Herman (driver)
(Signed) Herman (driver)
(Address) Barona, Mo.

N. B.—Every item of information shown on this certificate is fully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

