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.

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

Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH
County Putnam — Registration District No. 722 — File No. 26277
Township Richland — Primary Registration District No. 5963 — Registered No. 7
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Hamilton Davis Guffey 100
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M —
4. COLOR OR RACE W —
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Ann Guffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1858

7. AGE YEARS 78 MONTHS 9 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo. 0

FATHER
13. NAME John Guffey 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) John Guffey Lamonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Phenego Cem DATE July 31 1938 Burial

19. UNDERTAKER (ADDRESS) F. O. Hustell & Son Unionville Mo.

20. FILED Aug 10 1938 W M Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to July 18, 1938
Last saw him alive on July 18, 1938 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate	?
51C	

Other contributory causes of importance:
Chronic nephritis

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) N. W. Gillman, M. D.
(Address) Unionville, Mo.