

REC'D FEB 11 1939

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

1812

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 300.8 Registered No. 45  
(c) City Fulton (d) Street No. State Hospital No. 1 St.  
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Willie Guthrie  
(a) Residence, No. Columbia, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>/</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2</u>		
7. AGE <u>43 years</u>	YEARS MONTHS DAYS	IF LESS than 1 day, .....hrs. or .....min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Missouri</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Missouri</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Ella Ware, Columbia, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia, Mo.</u> DATE <u>2-9</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stewart P. Parker</u> <u>Columbia, Missouri</u>		
20. FILED <u>Feb 7</u> 19 <u>39</u> <u>R. N. Crews</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to February 6, 1939  
I last saw him alive on Feb 6, 1939. Death is said to have occurred on the date stated above, at 2:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Date of onset 900

Other contributory causes of importance:

Name of operation no Date of no  
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? no Date of injury no  
Where did injury occur? no  
(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 no  
(Signed) J. R. Bunch, M. D.  
Address State Hospital No. 1  
11.2

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Registered Apprentice No. ....

Signed Stuart H. Parker

Licensed Embalmer No. 2900

P. O. Address .....

**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.**