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.

REC'D JUN 13 1939

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

Do not use this space.

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No. 18592
Township Athens — Primary Registration District No. 5427 — Registered No. 17
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ella Percis Guess
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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: 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 Charles Guess 1872

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1972

7. AGE: YEARS 67 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri 0

FATHER
13. NAME James H. Forbis Sr. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barron Co. Ky. 1

MOTHER
15. MAIDEN NAME Susan Gibbany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grassy Spring Ky.

17. INFORMANT (ADDRESS) Charles Guess Albany Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE May 24 1939

19. UNDERTAKER (ADDRESS) Brooks Funeral Home Albany, Mo.

20. FILED May 24 1939. W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23- 39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to May 23, 1939
I last saw her alive on May 23, 1939. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Anemia

Date of onset

Other contributory causes of importance:

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) C. Forbis M. D.
(Address) New Hampton Mo

RECEIVED
District Health Officer No. 1
District File Number 26-596
Date Filed JUN 5 1955