

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.

44
1. PLACE OF DEATH
County Holt Registration District No. 369
Township Union Primary Registration District No. 4215
City Craig (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane Guilhame
(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 70 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. C. M. Guilhame

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Home

10. Date deceased last worked at this occupation (month and year) July 15, 1939 11. Total time (years) spent in this occupation 65 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Layayette, Ind.

13. NAME Mr. Jacob Sealburn

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

15. MAIDEN NAME Polly Bunch

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

17. INFORMANT Mrs. Rex Steffer
(ADDRESS) Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE J. O. O. F. DATE 9/27, 1939

19. UNDERTAKER Schooler Bros.
(ADDRESS) Craig, Mo.

20. FILED Sept 26, 1939 Walter Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25, 1939

22. I HEREBY CERTIFY, that I attended deceased from May 15, 1939 to Sept 25, 1939
I last saw her alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Endocarditis

Date of onset _____

Other contributory causes of importance: 92.6

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) F. E. Hooper M. D.
(Address) Mound City, Mo

RECEIVED

District Health Officer No. 117

Act File Number

1039-1262

Filed

OCT 10 1939