

FILED JAN 22 1942

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

Do not use this space.

42516

1. PLACE OF DEATH

County MississippiRegistration District No. 566Township JamesPrimary Registration District No. 5762City Charleston (No.)File No. Registered No. 129 69St. Mo. Ward 62. FULL NAME Shirley Jean Guy(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 3 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single 05A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5-19417. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant9. 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) Charleston - Mo.13. NAME Eddie Guy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plum Bluff Mississippi15. MAIDEN NAME Lilly Scott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Ark.17. INFORMANT (ADDRESS) Eddie Guy Charleston Mo R2-10417918. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove DATE 12-17-4119. UNDERTAKER (ADDRESS) Private no undertaker20. FILED 12-17-41, 19 Frank Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 19 4122. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 19 41, to Dec. 17, 19 41I last saw her alive on Dec. 17, 19 41. Death is saidto have occurred on the date stated above, at 8 a. m.

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

Tetanus

Date of onset

Other contributory causes of importance:

Name of operation 12 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? If so, specify (Signed) C. C. Presnell, M. D.(Address) Charleston - Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Office No. 2,

District File Number 142-86

Date Filed 1-16-42