

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.

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

11/17  
32920

1. PLACE OF DEATH

County Henry Registration District No. 337 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3015 Registered No. 77  
City Clinton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry P Guede  
(a) Residence. No. \_\_\_\_\_ Sl. \_\_\_\_\_ Ward \_\_\_\_\_ (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1/1864

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
55 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia  
10. NAME OF FATHER Peter Guede

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia  
12. MAIDEN NAME OF MOTHER Hellen Klesser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia  
14. INFORMANT John P Guede  
(Address) Clinton Mo

15. FILED 1/15/14

D. B. Barr  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1919

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1919, to Nov 17 1919, that I last saw him alive on Nov 16 1919, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bright's Disease  
or Albuminuria

137A  
107 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 120 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urine test + Hno

(Signed) D. P. Guede M. D.

(Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1), MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton DATE OF BURIAL 11/19 1919

20. UNDERTAKER Lucas Walker ADDRESS Clinton

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

1. PLACE OF DEATH  
County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No.....  
City..... (No.)..... St..... Ward.....  
2. FULL NAME  
(a) Residence, No..... (If nonresident give city or town and State).....  
(Usual place of abode)..... Ward.....  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.. .. 19.. ..  
17. I HEREBY CERTIFY, That I attended deceased from .. .., 19.. .., at .. .., and that that I last saw h. .... alive on .. .., 19.. .., and that death occurred, on the date stated above, at .. .., .. ..  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
.....  
CONTRIBUTORY..... (duration)..... yrs. ....  
(SECONDARY)..... (duration)..... yrs. ....  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH..... DATE OF .. ..  
DID AN OPERATION PRECEDE DEATH?.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed)....., M. D.  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL .. .. 19 .. ..  
20. UNDERTAKER ADDRESS .. ..

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX .. ..  
4. COLOR OR RACE .. ..  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .. ..  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF .. ..  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) .. ..  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .. .. hrs. or .. .. min.  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work .. ..  
(b) General nature of industry, business, or establishment in which employed (or employer) .. ..  
(c) Name of employer .. ..  
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .. ..  
10. NAME OF FATHER .. ..  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) .. ..  
12. MAIDEN NAME OF MOTHER .. ..  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) .. ..  
14. INFORMANT (Address) .. ..  
15. FILED .. .. 19 .. .. REGISTRAR .. ..