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

Do not use this space.

1. PLACE OF DEATH

County _Monroe_   Registration District No. _578_   File No. _17221_

Township _Marion_   Primary Registration District No. _4340_   Registered No. _____

City _____   St. _____ Ward.

2. FULL NAME _John McGee Gutton_

(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. _8_ mos. _12_ 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) _married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Belle Garnett_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _8/7/1857_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	8	29	

OCCUPATION

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

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) _Monroe Co. Mo_

FATHER

13. NAME _Marrett Gutton_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Mercer Co. Ky_

MOTHER

15. MAIDEN NAME _Sallie Riley_

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

17. INFORMANT (ADDRESS) _Lesley Gutton Madison Mo RR_

18. BURIAL, CREMATION, OR REMOVAL _Madison_   PLACE _Pleasant Hill_   DATE _May 7_ 19_33_

19. UNDERTAKER (ADDRESS) _Fred A Thompson Madison Mo_

20. FILED _May 6 1933_   _J Fogan Turner_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _May 6 33_

22. I HEREBY CERTIFY, That I attended deceased from _April 30_, 1933 to _May 6_, 1933

I last saw him alive on _May 5_, 1933. 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:

Carbuncles 131

_131 73 151_

Date of onset
April 15

Other contributory causes of importance:
Chronic Nephritis
Chronic Myocarditis

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) _T R Turner M.D._

(Address) _Madison Mo._