

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

Do not use this space.

1031

JAN 16 1935

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 2018  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louise Guster  
 (a) Residence, No. 313 N 2nd 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Comodore Guster  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 1 19  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Henry Co Mo  
 MOTHER FATHER  
 13. NAME Walter Fowler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
 15. MAIDEN NAME Sarah Maidens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
 17. INFORMANT Mrs Mary Leake (ADDRESS) Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Good Hope DATE Jan 6 1935  
 19. UNDERTAKER Comadore Peck (ADDRESS) Clinton Mo  
 20. FILED 9 1935 J. R. Haughton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Jan 5, 1935  
 I last saw him alive on Jan 4, 1935. Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Uremia (chronic interstitial nephritis) Date of onset 1930?  
12/1  
 Other contributory causes of importance: Cerebral hemorrhage 1932  
endarteritis  
 Name of operation none 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) S. B. Hughes, M. D.  
 (Address) Clinton, 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.

