

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

Do not use this space.

18036

1. PLACE OF DEATH

County Greene

Registration District No. 318

Towship Springfield

Primary Registration District No. 2001

City Springfield

(No. Spri. Baptist Hospital)

File No. 387

Registered No. 387

St. Ward

2. FULL NAME

(a) Residence. No. Marienville Mo St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U.S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Guthrie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1887

7. AGE

YEARS 40

MONTHS

DAYS 2

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 11 4

(c) Name of employer 11 4

9. BIRTHPLACE (CITY OR TOWN) Melbourne

(STATE OR COUNTRY) Ark

10. NAME OF FATHER J M Pastor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark

(STATE OR COUNTRY)

14.

INFORMANT Mr P C Guthrie

(Address) Marienville Mo

15.

FILED 6/21 1927

19.

Ol. Forest Mo

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1927, to June 21, 1927 that I last saw him alive on June 19, 1927, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma Pancreas

11 P.M.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Marienville Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 11-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) John R. Webb, M. D.

6-21, 1927 (Address) 742 Sanders Bldg.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Norfolk Ark June 22 1927

20. UNDERTAKER

ADDRESS

Uma Schmeier 534 St Louis.

ON-ADMISSING 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

JUN 26 1927

