

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

Do not use this space.

40929

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Shaw Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo. St. Healthy Prot Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5330  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Blanche Guthrie  
(a) Residence. No. 1715 Lydia St. 4 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fr. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>9</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home  
(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) Mo.  
10. NAME OF FATHER Jno. Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER America

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Guthrie  
(Address) 1715 Lydia

15. FILED 12/27/29 W. W. Crow REGISTRAR  
acid

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/20 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1929, to Dec 20, 1929, that I last saw h. a. alive on Dec 20, 1929, and that death occurred, on the date stated above, at 2039 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis  
121 B  
129 (duration) yrs. mos. 8 ds.  
CONTRIBUTORY Appendicitis  
(SECONDARY) (duration) yrs. 1 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

1117 B Home  
IF NOT AT PLACE OF DEATH, DATE OF 12.30.29  
DID AN OPERATION PRECEDE DEATH? Yes  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Speciation  
(Signed) Chas. R. Sumner, M. D.

12.27.29 (Address) 15.20 E. 1 St  
\*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 Hollawn DATE OF BURIAL 12/18, 1929

20. UNDERTAKER Hathorn Bros. ADDRESS 1729 Lydia

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.

Humbert.