

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

Do not use this space.

23144

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 7 Township Edelena Primary Registration District No. 2002  
 5 City Joplin (No. Freeman Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Guthals, Jr.  
 (a) Residence, No. Route 5 St. \_\_\_\_\_ Ward. Carthage, Missouri  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 3 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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 1 6 \_\_\_\_\_  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Sioux City, Iowa

FATHER 13. NAME Carl Guthals

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oto, Neb.

MOTHER 15. MAIDEN NAME Nellie Briggs

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douds, Iowa

17. INFORMANT (ADDRESS) Carl Guthals

18. BURIAL, CREMATION, OR REMOVAL Forest Park Cem DATE July 26, 1932

19. UNDERTAKER (ADDRESS) Lanphear Mortuary

20. FILED 7/6 1932 W. Gordon Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to July 5, 1932  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
congestive heart disease  
Patent Aortic Art.  
 Date of onset 7-3-32

Other contributory causes of importance: 157C/108  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ky-108 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?  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. [Signature] M. D.  
 (Address) Joplin, Mo.

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.

AUG 24 1932

