

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

Do not use this space.

21064

1. PLACE OF DEATH

County Saint Louis Registration District No. 1170
 Township Central Primary Registration District No. 6248-N.
 City Richmond Mo. (No. 84 Arundel Place) St. _____ Ward _____

File No. _____
 Registered No. 114

2. FULL NAME Jackson Guthrie

(a) Residence, No. 4236a W. Cote Brillante Ave., Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WHO WIFE OR HUSBAND OF Willie Guthrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1881 ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Abt. 52

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

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) Unknown 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

13. NAME Unknown Guthrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Willie Guthrie
 (ADDRESS) 4236a W. Cote Brillante

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE June 9, 1933

19. UNDERTAKER Charles J. Matts
 (ADDRESS) 4107 Finney Avenue

20. FILED 6/8 1933 Robt J. Luskwater

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th, 1933

22. I HEREBY CERTIFY that I attended deceased from May 31, 1933 to June 3, 1933

I last saw him alive on June 3, 1933 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency (organic) Date of onset _____

coronary block

Other contributory causes of importance: _____

Name of operation NO Date of _____

What test confirmed diagnosis? Physician's report 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) W. O. Robinson (Address) 2611 Orleans St. St. Louis, Mo.

Robt B. Thompson Registrar

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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.

WRITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

