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

Do not use this space.
35854

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton, (No. , St. Ward)
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 218

2. FULL NAME: Maury Logan Guthrie,

(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mrs, Chasie Spicer Guthrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 22nd, 1870

7. AGE: Years 63 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Abstractor,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: DO
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): Mo,

FATHER
13. NAME: Mathew Guthrie,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo,

MOTHER
15. MAIDEN NAME: Helen Logan ,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo,

17. INFORMANT (ADDRESS): Mrs, Chasie Spicer Guthrie, Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fulton, Mo, DATE: Nov, 18th, 1933

19. UNDERTAKER (ADDRESS): Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED: Nov. 17, 1933 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933, to Nov 16, 1933, Last saw him alive on Nov 16, 1933. Death is said to have occurred on the date stated above, at 12,45 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset
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Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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) R. N. Crews, M. D.
(Address) Fulton Mo,

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 PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD