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.

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

MAR 27 1935

Do not use this space.

5978

1. PLACE OF DEATH
County Linn — Registration District No. 502 — File No.
Township — Primary Registration District No. 4305 — Registered No. 6
City Marceline (No. C.B. Putman Memorial Hospital) (Ward)

2. FULL NAME Rose Mary 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: female
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) June 22 1931

7. AGE: YEARS 3 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

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) Marceline Mo

FATHER
13. NAME Ben Guthrie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Willmington Ill

MOTHER
15. MAIDEN NAME Georgia Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

17. INFORMANT (ADDRESS) Ben Guthrie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hilliard DATE Feb-10-1935

19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline Mo

20. FILED 2/9 1935 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1935, to February 8, 1935
I last saw her alive on February 8, 1935. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Fever	2/6/35

Other contributory causes of importance: none

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) C.B. Putman, M. D.
(Address) Marceline Mo