

JUN 1 8 1935

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

Do not use this space.

15619

1. PLACE OF DEATHCounty Buchanan

Township

City St. Joseph

(No.

Registration District No.

1001

Primary Registration District No.

836 South 18 Street

File No.

507

Registered No.

St.

Ward)

2. FULL NAME William Francis Guthery(a) Residence, No. 836 South 18 Street St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFRose Guthery6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>65</u>	<u>6</u>	<u>3</u>		

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

Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Brock's Cash Market

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)

Washington County, Arkansas

13. NAME

Artist G Guthery

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

Greenwood County, Indiana

15. MAIDEN NAME

Mandy Butler

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

Cameron, Missouri17. INFORMANT (ADDRESS) John Brook 836 South 18 Str St. Joseph, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE May 7, 193519. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street St. Joseph, Mo.20. FILED 5-6-35 John K. Bender Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 5th 19 3522. I HEREBY CERTIFY, That I attended deceased from 4-24, 1935, to 5-5, 1935I last saw him alive on 5-5, 1935 Death is saidto have occurred on the date stated above, at 2/40 p.m.

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

Date of onset

Cerebral Hemorrhage 5/5/35
G. A.

Other contributory causes of importance:

Atherosclerosis
bronchitis 4/15/35Name of operation None Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no23. 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. S. Dransow M. D.(Address) 620 Atlantic St.

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.

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