NOV 20 1937

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

Do not use this space.

38328

1. PLACE OF DEATH New Madrid

County ~~Pemiscot~~ Registration District No. 604

Township New Madrid Primary Registration District No. 5802

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 21

2. FULL NAME Clarence Cecil O-Guinn

(a) Residence, No. ~~Xxxxxxxxxxxxxxx~~ Point St., Pleasant, Mo. 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 Ethel O-Guin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1904

7. AGE YEARS 33 MONTHS 4 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Waverly Tenn

FATHER

13. NAME William Walter O-Guin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Tenn

MOTHER

15. MAIDEN NAME Carrie Lee Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Tenn

17. INFORMANT (ADDRESS) William Walter O-Guin

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 9-5 1937

19. UNDERTAKER (ADDRESS) R M Payne Portageville Mo

20. FILED 10/13 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept., 4th, 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept., 4, 37. 19 to Sept., 4, 37, 19

I last saw him alive on Sept., 4th, 37, 19 Death is said to have occurred on the date stated above, at 10/35 m.

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

According to history, he got sick on August 24, 37. Acute remitting malaria with carbuncle on arm.

Date of onset

35

Other contributory causes of importance:

None except the blood effects of the malaria and carbuncle

Name of operation None Date of

What test confirmed diagnosis? Ex. only clinical 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) A A Reeder M. D.

(Address) Portageville, 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.