

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton

Registration District No. 96
Primary Registration District No. 4038

File No. 17860
Registered No. 17 St. _____ Ward _____

2. FULL NAME Sarah Louise Guffey

(a) Residence, No. _____ St., _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. A. Guffey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 30, 1869.</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>New York Twp.</u> (STATE OR COUNTRY) <u>Caldwell Co. Mo.</u>	
	13. NAME <u>William Austin</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>New York. U.S.A.</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Lydia Rinney</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>New York. U.S.A.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>W. A. Guffey</u> (ADDRESS) <u>Hamilton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hamilton, Mo.</u> DATE <u>May 15, 1938</u>		
19. UNDERTAKER <u>Bram & Sons</u> (ADDRESS) <u>Hamilton, Mo.</u>		
20. FILED <u>May 14, 1938</u> <u>Mark Brown</u> Registrar. <u>100</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 13, 1938
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of brain
Paralysis of left side.
J. J. A.

Other contributory causes of importance
High blood pressure

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. 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) Dr. J. J. A., M. D.
(Address) Hamilton, Mo.

