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.

MAR 24 1936

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

Do not use this space.

6954

1. PLACE OF DEATH
County New Madrid — Registration District No. 604
Township " " — Primary Registration District No. 4368
City Hall's Ferry (No.) — File No.
Registered No.
St. Ward)

2. FULL NAME Lewis Guerno

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Henry Guerno

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863 - 8 - 29

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	8	29	

OCCUPATION

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

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) Valley Ford Del

FATHER

13. NAME Unk

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

MOTHER

15. MAIDEN NAME Katherine Fortman

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

17. INFORMANT (ADDRESS) Henry Guerno New Madrid

18. BURIAL, CREMATION, OR REMOVAL — PLACE New Madrid — DATE Feb 3 1936

19. UNDERTAKER (ADDRESS) Richards Und. Co. New Madrid Mo

20. FILED 2/20 1936 Neal Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Feb 1, 1936

I last saw h[e] alive on 2 - 1 - , 1936 Death is said to have occurred on the date stated above, at 11:40 P. m.

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

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Typhoid 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) W. D. Dyer, M. D.

(Address) New Madrid Mo

