

REPRODUCED EXACTLY AS RECEIVED. PHYSICIANS should state exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County Barry

Township _____

Village _____

City Monett

Registration District No. 30

File No. 8087

Primary Registration District No. 3003

Registered No. 19

FULL NAME

Joseph Alexander Maguire

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

white

SINGLE single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

Dec 13

(Month)

(Day)

1897
(Year)

AGE

65 yrs. 2 mos. 16 ds.

IF LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work no occupation

(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

BIRTHPLACE

(City or town, State or foreign country) Missouri

PARENTS

NAME OF FATHER

not known

BIRTHPLACE OF FATHER

(City or town, State or foreign country) not known

MAIDEN NAME OF MOTHER

Jane Maguire

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Smith

(ADDRESS) Monett, Mo

Filed 3-1 1912

REGISTRAR

DATE OF DEATH

Feb

29

1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from Feb 21, 1912, to Feb 29th, 1912, that I last saw him alive on Feb 28, 1912, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows:

Pneumonia

1276

91

(Duration)

yrs.

mos.

ds.

Contributory Same

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed) C. J. Duesbury

M. D.

3-1-

1912

(Address) Monett

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Sanbur Cemetery

DATE OF BURIAL

Mar 1 1912

UNDERTAKER

J. Thomas Son

ADDRESS

Monett Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Barry

Township _____

Registration District No. 30

File No. 8087

or Village _____

Primary Registration District No. 3003

Registered No. 19

or City Monett

(NO. _____ St. _____ Ward _____)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Alexander McGuire

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.
(If write the word)

DATE OF DEATH Feb. 29, 1912
(Month) (Day) (Year)

DATE OF BIRTH Dec. 13, 1847
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 21, 1912, to Feb. 29, 1912, that I last saw him alive on Feb. 28, 1912, and that death occurred, on the date stated above, at 4 a.m.

AGE 65 yrs. 2 mos. 16 ds.
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Broncho Pneumonia

(Duration) _____ yrs. _____ mos. 9 ds.

BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
NAME OF FATHER not known
BIRTHPLACE OF FATHER (City or town, State or foreign country) ""
MAIDEN NAME OF MOTHER Jane McGuire
BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

Contributory same
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. T. Dusenbury M. D.
March 1, 1912 (Address) Monett Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Smith
(ADDRESS) Monett Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

Filed March 2, 1912
REGISTRAR

PLACE OF BURIAL OR REMOVAL Arnhart Cem. DATE OF BURIAL Mar. 1, 1912
UNDERTAKER J. Thomas, son ADDRESS Monett Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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