

JUL 24 1928

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

Do not use this space.

19974

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph, (No. Missouri Methodist Hospital St. .... Ward)  
 2. FULL NAME William John McGill,  
 (a) Residence. No. 402 South 12th. St. .... Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 24 yrs. 9 mos. 22 da. How long in U.S., if of foreign birth? yrs. mos. da.

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.

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 Lucile McGill,  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6th, 1871  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 7 9  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Physician  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Shelby County,  
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER David O. McGill,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seneca Lake,  
 (STATE OR COUNTRY) Ohio,  
 12. MAIDEN NAME OF MOTHER Mary Ann Hoyt,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adams Co.,  
 (STATE OR COUNTRY) Illinois.

14. INFORMANT Dr. Paul R. McGill,  
 (Address) 402 South 12th Street.

15. FILED John P. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1928  
 17. I HEREBY CERTIFY That I attended deceased from June 12, 1928, to June 15, 1928,  
 that I last saw h. .... alive on June 15, 1928, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetic Coma - one day duration  
Diabetes mellitus - 8 years duration  
127A  
59 (duration) yrs. mos. only.

CONTRIBUTORY (SECONDARY) Cupressa D. gill Keller  
with gangrene. (duration) yrs. mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED St. Joseph, Mo.  
 IF NOT AT PLACE OF DEATH?  
 DID ANY OPERATIONS PRECEDE DEATH? yes DATE OF June 12-1928

WHAT TEST CONFIRMED DIAGNOSIS? Operation and  
laboratory tests (Signed) Carl P. [Signature], M. D.  
June 15, 1928 (Address) 732 Faram

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Auburn Cemetery DATE OF BURIAL June 18, 1928

20. UNDERTAKER Heaton Belsolt & Brown ADDRESS 319 S. 10 St.  
by J. H. Skarbo Funeral Home

