

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.

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

Do not use this space.

JAN 23 1929

41251

1. PLACE OF DEATH

County Jackson
Township Grandview Mo.
City Grandview Mo. (No. _____)

Registration District No. 404
Primary Registration District No. 3335

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME James D. McGuire

(a) Residence No. Grandview Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 - 1852

7. AGE YEARS 48 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jamaica
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas McGuire

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah J. O. Bayle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wisconsin
(STATE OR COUNTRY)

14. INFORMANT M. J. Foley
(Address) Leads Mo.

15. FILED 12/18, 1928 R. F. Grossman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 - 1928

17. I HEREBY CERTIFY That I attended deceased from 12-10, 1928, to 12-16, 1928 that I last saw him alive on 12-16, 1928, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labor Pneumonia

11 A (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY)

Flu (duration) _____ yrs. _____ mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Grandview Mo

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Selek, M. D.

*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt St Marys DATE OF BURIAL 12/19 1928
22. UNDERTAKER Butler & Son ADDRESS K.C.M.

