

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

Do not use this space.

**1. PLACE OF BIRTH**

County Clark  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 190  
Primary Registration District No. 5265

File No. 9949  
Registered No. 16

**2. FULL NAME** Margaret M. G. Guire

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John M. G. Guire

I HEREBY CERTIFY That I attended deceased from Mar 20 1929 to Mar 28 1929 that I last saw h. alive on Mar 28 1929 and that death occurred, on the date stated above, at 1:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 1860

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
French's-Pneumonia

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 | 2 | 18 | — hrs. — min.

107A

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY General Debility (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) Keokuk Iowa  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 100 W  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Christopher Buggy

17. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

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

18. WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Kathryn Hayden

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. L. Bridges, M. D.

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

(Address) 3/30 1929 Kohoka Mo

14. INFORMANT Emma M. G. Guire  
(Address) Kohoka Mo. R.R.

\*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.

15. FILED 3/30 1929 J. H. Bridges REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick Cem. DATE OF BURIAL 3/30 1929

20. UNDERTAKER Fred Maxle ADDRESS Kohoka Mo.

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