

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

Do not use this space.

21893

1. PLACE OF DEATH

County Johnson,
Township Warrensburg,
City Warrensburg, (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.
St. Ward

2. FULL NAME George Washington Magruder,

(a) Residence. No. 212 West Market St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Magruder,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep, 12, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Elias Magruder,

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

12. MAIDEN NAME OF MOTHER Nancy Hardesty,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln Co,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs Nora Magruder,
(Address) Warrensburg, Mo.

15. FILED 6/15-29 W. R. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 14 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 21, 19 29, to June 14, 19 29, that I saw him alive on June 14, 19 29, and that death occurred, on the date stated above, at 8:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic encephalitis

11B 786
11B
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. 2 mos. ds.
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) D. J. Hall, M. D.

6/15, 19 29 (Address) Warrensburg Mo.

*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 Louisiana, Missouri. DATE OF BURIAL 6/16, 19 29

20. UNDERTAKER Warrensburg,
S. R. Sweeney

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.

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1929
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