

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

24696

File No. 6841
Registered No. 6841
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 792
Township _____ Primary Registration District No. 11008
City St. Louis (No. Christian Hospital)

2. FULL NAME

James Mc Guire
(a) Residence, No. 3730 Cottage St. 11 Ward.

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>06/12/1932</u>		
7. AGE YEARS	MONTHS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis 1</u>		
13. NAME <u>James Mc Guire</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Katherine Hutz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills. 2</u>		
17. INFORMANT (ADDRESS) <u>James Mc Guire</u> <u>3730 Cottage</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Calvary July 23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly, 2nd Co</u> <u>2022 Olive St</u>		
20. FILED JUL 23 1932 <u>W. C. Barber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1932, to 7-22 1932
I last saw him alive on 7-22 1932 Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:
Gastro-enteritis
119B 119
Other contributory causes of importance: (D)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. C. Barber
(Address) 718 Pearl & Meade Bldg

Da L. E. Robertson

3720 Washington

15-12-