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

Do not use this space.

85

28583

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 924

City St. Joseph (No. 2814 Faraon street St. Ward)

2. FULL NAME John William McGuire

(a) Residence, No. 2814 Faraon street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 9 4 1932

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 Mary McGuire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1864

7. AGE: Years 67 — Months 11 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Western Tablet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co. 253

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) Chicago Illinois

FATHER

13. NAME John McGuire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

MOTHER

15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT (ADDRESS) Mrs Mary McGuire 2814 Farron st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Oct. 3 1932

19. UNDERTAKER (ADDRESS) R.O. Sidenfader 1802 Union st St Joseph Mo.

20. FILED 9-30 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932, to Sept 30, 1932
I last saw him alive on Sept 30, 1932 Death is said to have occurred on the date stated above, at 9:20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Massive.	Sept 27
917A	
118c	

Other contributory causes of importance:
Ulcer Stomach
Recurrent Hemorrhage
8 yrs -

Name of operation (1) Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) H. S. Conrad, M. D.
(Address) St Joseph Mo.

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.