

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

Do not use this space.

32962

1. PLACE OF DEATH—
 County Moniteau Registration District No. 4334
 Township Morgan Primary Registration District No. 1095
 City Clarksburg Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Charles Phillip McGill
 (a) Residence, No. Clarksburg Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Oct. 1-1932</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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>Clarksburg, Mo.</u>		
13. NAME <u>R. A. McGill</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo.</u>		
15. MAIDEN NAME <u>Minnie F. Wright</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo.</u>		
17. INFORMANT <u>R. A. McGill</u>		
(ADDRESS) <u>Clarksburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarksburg Mo.</u> DATE <u>Oct 2 1932</u>		
19. UNDERTAKER <u>Max W. Smith</u>		
(ADDRESS) <u>Clarksburg Mo.</u>		
20. FILED <u>Oct. 2 1932</u> <u>John Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1932 to 10-1-1932
 I last saw ~~him~~ her alive on 10-1-1932 Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Premature delivery
159 150
 Other contributory causes of importance: Q

(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? No.
 If so, specify _____
 (Signed) A. C. Jarvis, M. D.
 (Address) Clarksburg Mo.

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.

OCT 28 1932

