

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

Do not use this space.

38409-1

1. PLACE OF DEATH
 23 County Clark Registration District No. 190
 Township Union Primary Registration District No. 5265
 City _____ (No) _____ St. _____ Ward _____

2. FULL NAME John Robert Mc 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Buggy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1852
 7. AGE YEARS 80 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Columbus, Ohio

MOTHER FATHER
 13. NAME Peter Mc Guire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER FATHER
 15. MAIDEN NAME Ann Riley

MOTHER FATHER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Jury Harry Riney
 (ADDRESS) Georgetown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Patrick DATE 12/28 1939

19. UNDERTAKER (ADDRESS) John W. ... Mo.

20. FILED 1/27 1939 John W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1939, to Dec 26, 1939.
 I last saw him alive on Dec 26, 1939. Death is said to have occurred on the date stated above, at 5:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Endocarditis
92.B
92.0
 Other contributory causes of importance:
(3)
 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. E. Tadd M. D.
 (Address) Williamstown 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.

JAN 22 1939

