

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

MAR 1933

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.

1. PLACE OF DEATH
72 County New Madrid Registration District No. 55 File No. 10 2470
2 Township Gideon Primary Registration District No. 4033 Registered No. 1021
6 City Gideon (No.) St. Ward

2. FULL NAME William Junior McGill
(a) Residence, No. St. Ward
(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 1 8

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

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) New Madrid Mo

13. NAME William Buford McGill

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

15. MAIDEN NAME Jessie Betty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT William McGill
(ADDRESS) Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield DATE 1-27 1933

19. UNDERTAKER R B Meulemeyer
(ADDRESS)

20. FILED Feb 10 1933 M. D. Mumma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 4th 1933 to Jan 4th 1933
I last saw him alive on Jan 4th 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Bronch. Pneumonia
Asphyxia
atelectasis
Date of onset 6th (?)

Other contributory causes of importance:

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) John Van Clave, M. D.
(Address) Malden Mo

