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.

23188

File No. 2894

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME ~~J C McGuirk~~ John C. McGuirk

(a) Residence, No. St. Ward. Louisburg, Ks.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel McGuirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 27, 1880

7. AGE: YEARS 52 — MONTHS 8 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Osawatomie State Hospital

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): Louisburg Kansas

FATHER

13. NAME: Patrick Henry McGuirk

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

MOTHER

15. MAIDEN NAME: Mary Ann McCluskey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Deura Clerk K. C. General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE: Louisburg, Ks. DATE: July 14-33, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. Kansas City, Mo.

20. FILED: July 13, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1933, to 7-12, 1933

I last saw him alive on 7-12, 1933. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

107A

107A

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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) J. H. Jennett, M. D.

(Address) Supt K C Gen Hosp KC 7-13-33 Mo.