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.

SEP 26 1933

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

Do not use this space.
25817

1. PLACE OF DEATH
County Calloway — Registration District No. 1111
Township Cliff Dale — Primary Registration District No. 5116
City Stephens Store (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME George Benjamin McGuire

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-1874

7. AGE: Years 58 — Months 9 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) June 1928
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

FATHER
13. NAME George McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Phyllis Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Cecil Griswold
(ADDRESS) Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens Store DATE Aug 31, 1933

19. UNDERTAKER Stuart L. Parker
(ADDRESS) Columbia, Missouri

20. FILED Sept 4, 1933 B. H. Stephens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Some time, 1930, to July, 1933
I last saw him alive on About July 30, 1933. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Sclerosis (motor ataxia)	
This was the principal cause of his death	

Other contributory causes of importance: Nothing

Name of operation None Date of —
What test confirmed diagnosis? Autopsy. 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? —
If so, specify —

(Signed) R. L. Hopper, M. D.
(Address) Stephens, Mo.