

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.

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

Do not use this space.

1. PLACE OF DEATH
 97 County Saline Registration District No. 796
 5 Township Primary Registration District No. 3038
 1 City Marshall (No., St., Ward)

2. FULL NAME Julia Ann 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.

42213
 File No.
 Registered No. 180

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Mc Guire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>6</u>	<u>4</u>	

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

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) Mo.

FATHER

13. NAME James Reed

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Mc Guire
 (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wedge Park DATE Jan 2 1938

19. UNDERTAKER P. W. Campbell
 (ADDRESS) Marshall Mo.

20. FILED 1/11 1938 Blanchette
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 31, 1938
 I last saw him alive on Dec 26, 1938 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:
Dec 7 - 88 Bronchitis (chronic) Date of onset Dec 1-33
Myocardial Scler
Valvular Stenosis 80/100 years
92A
106B
 Other contributory causes of importance: None

Name of operation none Date of
 What test confirmed diagnosis? 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? no
 If so, specify See T. Yaculis
 (Signed) Marshall Mo. M. D. no
 (Address) Marshall Mo.

