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.

MAR 24 1934

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

Do not use this space.

File No. 4070

Registered No. 237

1. PLACE OF DEATH

County: Buchanan — Registration District No. 15

Township: — Primary Registration District No. 1001

City: St. Joseph — (No. St. Joseph Hospital St. Ward)

2. FULL NAME: Helen Frances McGill

(a) Residence, No. 3127 Lafayette St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles E. McGill Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	1	25	

OCCUPATION

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

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): Feb. 1934

11. Total time (years) spent in this occupation: 41 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri

FATHER

13. NAME: Michael Hoar

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Charles E. McGill Jr. 3127 Lafayette St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet Cem. DATE: March 1, 1934

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 South 10 Street

20. FILED: 28 1934 John A Brendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Feb 26, 1934

I last saw her alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

	Date of onset
Diabetes mellitus	
54	
• Other contributory causes of importance: Diabetic Coma	2-26-34

Name of operation: — Date of:

What test confirmed diagnosis? Ex & Lab. 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

(Signed) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg St. Joseph, Mo.