

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

Do not use this space.

17104

**1. PLACE OF DEATH**

County Jasper Registration District No. 406  
Township Imburga Primary Registration District No. 4240  
City Carl Junction (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4

**2. FULL NAME**

Harry Everett Magoon  
(a) Residence, No. \_\_\_\_\_ St. 1st Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Alice ne Magoon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 1877</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>11</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>City Collector</u>		11. Total time (years) spent in this occupation <u>2</u>
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) <u>May 1934</u>		

12. BIRTHPLACE (CITY OR TOWN) Mc Gue  
(STATE OR COUNTRY) Missouri

13. NAME G. O. Magoon

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

15. MAIDEN NAME Malin

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

17. INFORMANT Mrs Pearl Magoon  
(ADDRESS) Carl Junction Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction Mo. DATE May 20 1934

19. UNDERTAKER C. J. Cronin  
(ADDRESS) Carl Junction Mo.

20. FILED May 14 1934 C. W. Foreman  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1934 to May 17 1934  
I last saw him alive on May 17 1934 Death is said to have occurred on the date stated above, 8:20 a. m.

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

Locomotor Ataxia  
2014  
80

Other contributory causes of importance: Hit on back by a very large boulder in June 1927

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? In mine 1927  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Industry mine  
Nature of injury Spontaneous process brain vert. broken

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Resulted from injury

(Signed) P. L. Gilbert, M. D.  
(Address) Carl Junction Mo.

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.

JUN 22 1934

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