

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

Do not use this space.

21376

File No. \_\_\_\_\_  
Registered No. 75-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Remick Registration District No. 65-1  
Township Little Prairie Primary Registration District No. 6-862  
City \_\_\_\_\_ (No. \_\_\_\_\_)

**2. FULL NAME**

Mrs. Faron Mc Guire Mrs. Faron B. McGuire  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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-OR (OR) WIFE OF R. B. McGuire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-20-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) June 1904 11. Total time (years) spent in this occupation 4-1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynnville, Ky-

13. NAME J. M. Pittman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynnville, Ky-

15. MAIDEN NAME Ida Glover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boydsville Ky

17. INFORMANT (ADDRESS) J. M. Pittman  
Adm 2 Lynnville, Ky-

18. BURIAL, CREMATION, OR REMOVAL PLACE Boydsville Ky DATE June-6-1934

19. UNDERTAKER (ADDRESS) J. S. La Farge  
Cambridge, Mo-

20. FILED June 6, 1934 Ada Martin  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-3-1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

193  
accidental Drowning  
in mill race

Other contributory causes of importance: \_\_\_\_\_

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? Drowning Date of injury June 3, 1934

Where did injury occur? Boydsville Co. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, inhome, or in public place. In mill race

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

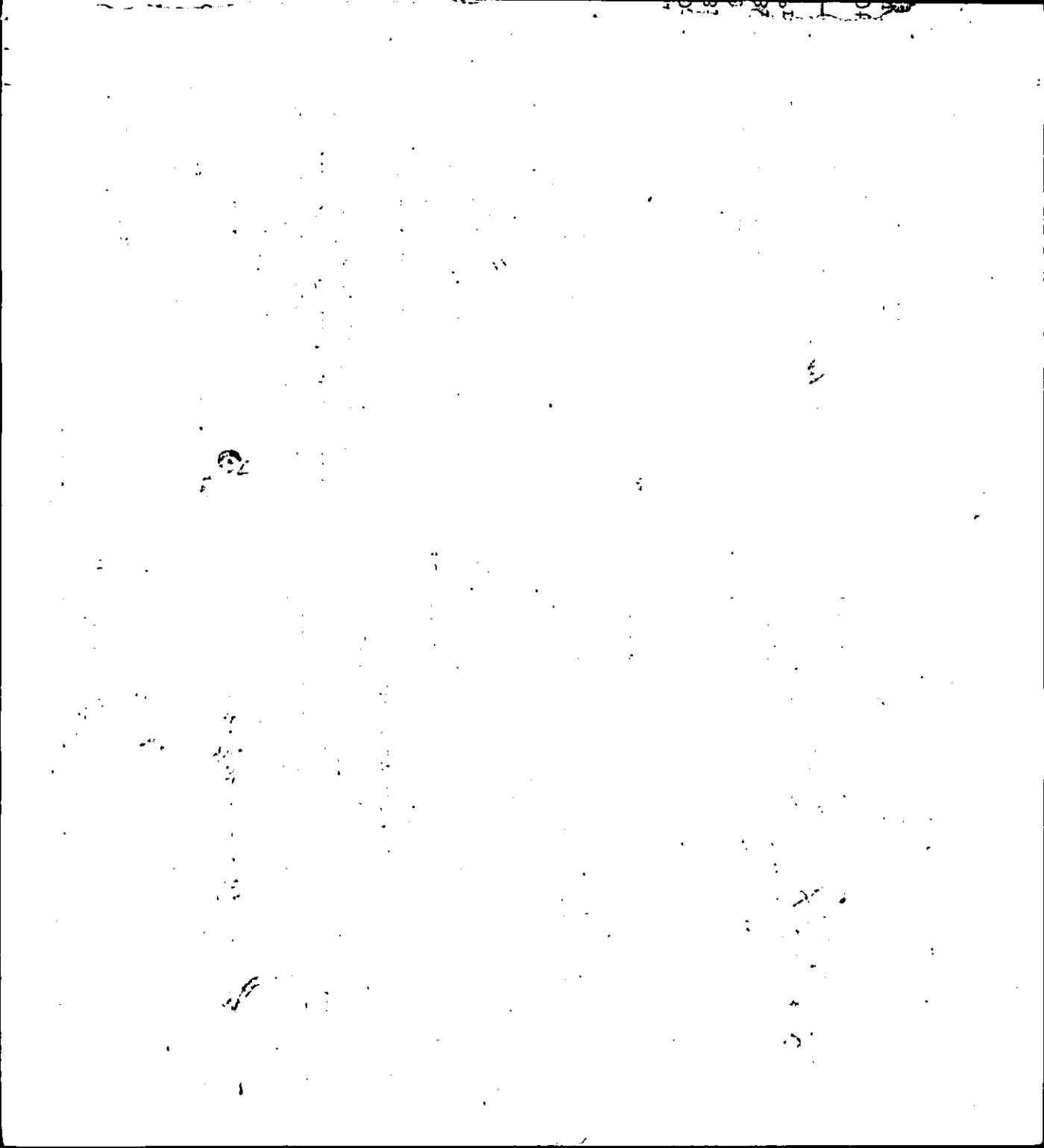
If so, specify \_\_\_\_\_

(Signed) J. W. Rhodes Coroner

(Address) Boydsville 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.

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JUN 10 1934  
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#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

*Tennessee*

WASHINGTON

75

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs James B Mc Gaugh  
Who died at \_\_\_\_\_ on June 3 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 31 Months 4 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: accidental Drowning

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of 18th

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 3, 1934

Where did injury occur? in the Miss. River in Tunica Co.  
no boat involved. (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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar E. J. Mc Gaugh

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 651 Very truly yours,

Primary Reg. Dist. No. 5862 E. J. Mc Gaugh

Special Agent. e.c.

S-21376