

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

Do not use this space.

DEC 19 1935

1. PLACE OF DEATH
 County Franklin Registration District No. 544
 Township Boles Primary Registration District No. 293
 City U.S. Highway 66 + 50 (No. _____) St. _____ Ward _____

2. FULL NAME William H. MAGUIRE
 (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.

File No. 35691
 Registered No. _____
 St. _____ Ward _____

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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 1, 1870</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. of _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</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) _____		11. Total time (years) spent in this occupation <u>8</u>
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Adenville, Ohio</u>		
FATHER	13. NAME <u>Bernard Maguire</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary McElernatto</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Edward J. Maguire</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St James Cemetery</u> DATE <u>Nov. 28</u> 19 <u>35</u>		
19. UNDERTAKER <u>B. O. Shure</u> (ADDRESS) <u>Calumet, Mo.</u>		
20. FILED <u>12-8</u> - 19 <u>35</u> <u>J. E. Gross</u> Dep. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on about, 19____. Death is said to have occurred on the date stated above, at 7:30 PM.

The principal cause of death and related causes of importance were as follows:
From all indications struck by a Automobile while walking along highway possibly an accident no eye witness

Date of onset _____

Other contributory causes of importance:
Found in center lane of 3 way drive on U.S. Highway no. 50 + 96 Fracture of skull, internal injuries

Name of operation None Date of _____
 What test confirmed diagnosis? clinical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, at home, or in public place. at home

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. H. Worthington Coroner, M. D.
 (Address) Union Mo.

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.

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