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.

FEB 20 1935

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

Do not use this space.

36804 A

1. PLACE OF DEATH
County New Madrid
Township West
City Morehouse (No. ..... St. ..... Ward)

Registration District No. 6 3
Primary Registration District No. 4 3 5 7

File No. .....
Registered No. 22

2. FULL NAME William P. McGuffey.

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

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

7. AGE YEARS 58. MONTHS ? DAYS ? If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Works
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) Wade City Illinois

FATHER
13. NAME Nelse McGuffey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade City Illinois

MOTHER
15. MAIDEN NAME Emma Garrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade City Illinois

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE McMullin DATE Nov-2nd 1935

19. UNDERTAKER (ADDRESS) Home Maden

20. FILED 11-1 1935 John Barnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-1st 1935

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1935, to Nov-1st, 1935
I last saw him alive on Nov-1st 1935. Death is said to have occurred on the date stated above, at 10 34/A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	2 yrs
Other contributory causes of importance:	
Endocarditis	5 years

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? No Date of injury ....., 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C H Pease, M. D.
(Address) Morehouse Mo