

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.

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

Do not use this space.

man
JAN 15 1936

39024

1. PLACE OF DEATH

County Cooper Registration District No. 217
Township Blackwaters Primary Registration District No. 3297
City Nelson (No. RFD, No. 2 St. _____ Ward _____)

2. FULL NAME

George McGuire
(a) Residence, No. Nelson RFD # 2 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS	MONTHS	DAYS
About 80		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
Farmer		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Jon McGuire		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.		
15. MAIDEN NAME Harriet Shoemaker		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.		
17. INFORMANT Oscar Younger (ADDRESS) Nelson Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Fork DATE Jan. 2 19 36		
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.		
20. FILED 1-7 19 36 <i>J. H. Young</i> Registered.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935, to Dec 31 1935
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
High blood pressure

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis History 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) Dr. R. K. Anders on Dr.
(Address) Brownville Mo. M. D.

Coroner of Cooper Co.

