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.

MAY 19 1936

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

Do not use this space.

15201

1. PLACE OF DEATH

County Jackson — Registration District No. 299

Township — Primary Registration District No. 1002

City Kansas City (No. Lakeside Hospital St. 1111 Ward)

File No.

Registered No.

2. FULL NAME Clara Emma McGuire

(a) Residence, No. 5201 Highland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF: William D. McGuire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palermo Kansas

FATHER

13. NAME: Melvin Conklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Adeline Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): W. D. McGuire 4201 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE: Forest Hill DATE: April 13, 1936

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED: 4-10, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to April 9th, 1936

I last saw her alive on April 9th, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Uremia + Convulsions (Complete Anuria) due to chronic nephritis	3-21-36 Several years
59	
Other contributory causes of importance:	
Previous influenza et pneumonia (Lobar). Chronic nephritis + Diabetes mellitus	March 36 " " Long standing

Name of operation: None Date of:

What test confirmed diagnosis? Clin. & Lab. 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. Alfred E. Linville M. D.

(Address) 612 Chambers Bldg. K. C. Mo.