

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

Do not use this space.

MAY 23 1936

16222

1. PLACE OF DEATH

County Nodaway
Township Union
City Pickering (No.)

Registration District No. 627
Primary Registration District No. 5829

File No.
Registered No.
St. Ward)

2. FULL NAME Shannon Wilson McGuire

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah McGuire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1861

7. AGE YEARS 35 MONTHS DAYS 6. IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER 13. NAME John McGuire

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

MOTHER 15. MAIDEN NAME Mary Emington England

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

17. INFORMANT (ADDRESS) Sarah McGuire

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery 418 Mc

19. UNDERTAKER (ADDRESS) Price Fur. Co. Maryville

20. FILED 418 1936 Mrs. H. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1936

22. I HEREBY CERTIFY, That I, attended deceased from Jan. 14, 1933, to April 6, 1936
I last saw him alive on March 28, 1936. Death is said to have occurred on the date stated above, at 8.05 A.M.

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

Valvular heart disease Date of onset about 3 years
93.0

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? 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) W. B. Sewell, M. D.
(Address) Maryville, 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.

