OCT 21 1936

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

Do not use this space.

36590

1. PLACE OF DEATH
County Washington Registration District No. 887
Township Liberty Primary Registration District No. 1-181
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME Emma S 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 14 1868
7. AGE Years 68 Months 1 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Old Mines Mo

FATHER
13. NAME George W Bays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

MOTHER
15. MAIDEN NAME Eliza Sumore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

17. INFORMANT (ADDRESS) Arthur Briggs
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sile Chapel DATE Sept 23 1936
19. UNDERTAKER (ADDRESS) Sparks
20. FILED Oct 19 1936 G. F. Creasman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1936
22. I HEREBY CERTIFY That I attended deceased from June 1936, to Sept. 22 1936, that I last saw her alive on June 10 1936. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	

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?
If so, specify
(Signed) W. L. Cartwell, M. D.
(Address) Potosi

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M-2919-36 1 X7294

2