APR 15 1937

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

Do not use this space.

11254

185

1. PLACE OF DEATH
County Buchanan — Registration District No. 8 — File No.
Township — Primary Registration District No. 100 — Registered No. 365
City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Marie McGuire
(a) Residence, No. Kansas City St., Ward. Jackson County
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 5 mos. 28 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 Ernest McGuire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1889
7. AGE Years 47 Months 5 Days 18 If LESS than 1 day, ...hrs. or ....min.

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) 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Wm. Penfold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Carrie Ghee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) State Hosp #2 St Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. Kansas City Mo DATE March 20 1937
19. UNDERTAKER (ADDRESS) Fleeman and Son Inc. 1946 Calhoun St. Joseph, Mo.
20. FILED 3/20 1937 A J Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935, to March 20, 1937
I last saw her alive on March 19, 1937. Death is said to have occurred on the date stated above, at 2 40/A m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 3-16-37
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Other contributory causes of importance: Epilepsy
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? 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) E. E. DeLong M.D., M. D.
(Address) State Hosp #2

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
V. S. NO. 2 20M-2-19-36 1 X7294