

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County BATES
Township EIKHART
City (No. 33)

Registration District No. 49
Primary Registration District No. 5077

File No. 26609
Registered No. _____
St. _____ Ward _____

2. FULL NAME Andrew Jackson 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

MEDICAL CERTIFICATE OF DEATH

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 Viola McGuire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 4

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) Polk Co Mo

13. NAME William McGuire

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

15. MAIDEN NAME unk

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

17. INFORMANT Mrs Ray Glover (ADDRESS) Butler 1720

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Aug. 15 1937

19. UNDERTAKER Freder & Mangold (ADDRESS) Highway 200 1720

20. FILED Aug 16 1937 Grace L. Smiser Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Gunshot (Shotgun) Wound entering left side of neck over jugular (left) vein accidentally Date of onset

Other contributory causes of importance

discharged while climbing over a wire fence.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide Accident Date of injury 8/14 1937

Where did injury occur Butler Mo. RR #3 Bates Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Gunshot Wound

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Farmer. Had gun hunting.

(Signed) Rollin H. Smith M.D.

(Address) Rich Hill Mo

Coroner, Bates Co, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

