

DEC 23 1937

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

Do not use this space.

42045

1. PLACE OF DEATH

 County Nodaway
 Township Union
 City (No., St. Ward)

 Registration District No. 627
 Primary Registration District No. 5829

 File No.
 Registered No.
2. FULL NAME Audrey 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 11 14

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Pickering, Mo13. NAME Shannon McGuire14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Sarah Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Sarah McGuire Pickering, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pickering, Mo. DATE Nov. 21, 193719. UNDERTAKER (ADDRESS) Price Funeral Home
Maryville, Mo.20. FILED Nov-20 1937 Mad Lloyd D. Killion
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Nov 18, 1937I last saw her alive on Nov 16, 1937. 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:

Broncho-Pneumonia Date of onset

Other contributory causes of importance:

Endocarditis

Name of operation..... 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?
If so, specify.....(Signed) H. M. Hallis Jr., M. D.
(Address) Maryville Mo

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.

