JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cass
Township Coldwater
City Drexel (No. ..... St. ..... Ward)

Registration District No. 157
Primary Registration District No. 4085

File No. 45010
Registered No. 12

2. FULL NAME George Washington McGuire

(a) Residence, No. ..... St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-19-1860

7. AGE YEARS 77 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Harness & Shoe Rep.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl Repairing?
10. Date deceased last worked at this occupation (month and year) Oct-1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Floyd Co Ky.

FATHER
13. NAME Garatt McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Sarah Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) G. K. McGuire Drexel Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon Cem DATE Dec-17-1937

19. UNDERTAKER (ADDRESS) J. B. Hays Drexel Mo.

20. FILED Dec-15, 1937 John S. Bundy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931, to Dec. 14, 1937
I last saw him alive on Dec. 14, 1937. Death is said to have occurred on the date stated above, at 6:30 P.
The principal cause of death and related causes of importance were as follows:

Addisons Disease - Date of onset Sept. 1937.

Other contributory causes of importance:

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? ..... 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) Basil O. Hartwell, M. D.
(Address) Drexel, Mo

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.

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