

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

Do not use this space.

3718

36

668

**1. PLACE OF DEATH**

County Pettis  
Township Sedalia  
City Sedalia

Registration District No. 668

Primary Registration District No. 1032

File No. 36

Registered No. 668

St.

Ward

(No. 260)  
Gregory Aguire

**2. FULL NAME**

(a) Residence, No. 301 East Jefferson St.  
(Usual place of abode)

Ward.

(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**

Mrs. Myrtle Aguire

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Nov. 27, 1882

**7. AGE**

YEARS

55

MONTHS

1

DAYS

25

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

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)**

Ramos Arispe

(STATE OR COUNTRY)

Mexico

**13. NAME**

Charles Aguire

**14. BIRTHPLACE (CITY OR TOWN)**

Mexico

(STATE OR COUNTRY)

**15. MAIDEN NAME**

Lupe Flores

**16. BIRTHPLACE (CITY OR TOWN)**

Mexico

(STATE OR COUNTRY)

**17. INFORMANT**

Mrs. Myrtle Aguire

(ADDRESS)

301 East Jefferson

**18. BURIAL, CREMATION, OR REMOVAL**

Crown Hill

1/24/38

PLACE

DATE

**19. UNDERTAKER**

Duane Ewing

(ADDRESS)

Sedalia, Mo.

**20. FILED**

Jan 24, 1938 John Black Registrar

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

1-22-1938

**22. I HEREBY CERTIFY, That I attended deceased from**

Jan 1 - 1938 to Jan 22, 1938

Last saw him alive on Jan 20, 1938. Death is said

to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris  
1st attack

Date of onset

1-1-38

Other contributory causes of importance:

hypertension  
disc cord

Name of operation

Date of

What test confirmed diagnosis? Chinid 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)

affirmed by Thomas M. D.  
1/11/38 Sedalia Mo

(Address)

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

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO: STATE BOARD OF HEALTH

*Monroe*