REC'D JUL 17 1938

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

Do not use this space.

21622

File No.
Registered No. 82

1. PLACE OF DEATH
County Clay
Township ~~Fishing River~~
City Excelsior Springs (No. , St. Ward)

Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME Marttila McGuire

(a) Residence, No. 260 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. 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 William Mc Guire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2-1870

7. AGE: YEARS 68 | MONTHS 5 | DAYS 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo 0

FATHER

13. NAME Caleb Odell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Loyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Hubert McGuire
(ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odell Cemetery DATE June 22 1938

19. UNDERTAKER Claude Pouchuf
(ADDRESS) Excelsior Springs Mo.

20. FILED June 22 1938 Lorena Mc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1938 to 6-21 1938

I last saw h. alive on 6-21 1938 Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: 46

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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. C. Pauley M. D.
(Address) Ex Excelsior Springs Mo

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