

REC'D AUG 11 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County BUCHANANRegistration District No. 35File No. 24820

Township

Primary Registration District No. 1001Registered No. 781City ST. JOSEPH(No. MO. METH. HOSP. DIST. HOSPITAL St.          Ward         )2. FULL NAME MRS. LILLIAN MAY MCGUIRE 260(a) Residence, No. MO. M.D. CITY MO. St.          Ward         Mound City, Mo.  
(If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 2 1/2 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLYDE MCGUIRE6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT - 20 - 1918

7. AGE YEARS <u>19</u>	MONTHS <u>10</u>	DAYS <u>6</u>	IF LESS than 1 day, ..... hrs. or ..... min.
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8. Trade, profession, or particular kind of work done, as splaner, 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

12. BIRTHPLACE (CITY OR TOWN) MOUND CITY (STATE OR COUNTRY) MO13. NAME LOGAN A. MEYER14. BIRTHPLACE (CITY OR TOWN) MOUND CITY (STATE OR COUNTRY) MO15. MAIDEN NAME HATTIE WAKELY16. BIRTHPLACE (CITY OR TOWN) MAITLAND (STATE OR COUNTRY) MO17. INFORMANT LOGAN A. MEYER (ADDRESS) MOUND CITY MO18. BURIAL, CREMATION, OR REMOVAL Mound City, Mo. PLACE MOUND HOPE DATE July 28 193819. UNDERTAKER J. FRED TERHUNE (ADDRESS) SALAMANAH MO20. FILED 7/26 38 J. J. Pestebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY - 26 - 193822. I HEREBY CERTIFY, That I attended deceased from 7-26 1938 to 7-26 1938I last saw her alive on JULY - 26 - 1938. Death is saidto have occurred on the date stated above, at 4:30 A. m.

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

Diabetic Mellitus  
591 -

Date of onset

?

Other contributory causes of importance:

Ac. Diabetic Acidosis  
& Coma36 hrsName of operation none Date ofWhat test confirmed diagnosis? found deep Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19Where 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? noIf so, specify         (Signed) J. J. Pestebush, M. D.(Address) St. Joseph Mo

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.

WRITE CAREFULLY WITH OBLIQUE WRITING THIS IS A PERMANENT RECORD

I. X7284

JAN 21 1948

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J. Fred Terhune

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