

RECORDED SEP 13 1938

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

Do not use this space.

27846

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 401 E, 36th St)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 3157
..... Ward)

2. FULL NAME

Frank A. McGuire

260

(a) Residence, No. 223 N. Kensington 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

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie A. McGuire		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1863		
7. AGE YEARS 75	MONTHS 6	DAYS IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Co. Assessor	
	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) Lexington Missouri		
FATHER	13. NAME Patrick McGuire	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
MOTHER	15. MAIDEN NAME Johnanna Kenalley	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
17. INFORMANT (ADDRESS) Mrs. J. J. McGuire 3609 Locust		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Aug. 9/38		
19. UNDERTAKER (ADDRESS) J. F. O'Donnell, Esq. 325 1/2 Broadway		
20. FILED Aug 8, 1938 M. M. Cartome Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 7th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 12 1935** to **Aug 7 1938**
I last saw him alive on **Oct 14 1937**. Death is said to have occurred on the date stated above, at **5-A.M.**
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 12/12/35
" " again 8/7/38
Other contributory causes of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis? **Paralysis** 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? **no**
If so, specify.....
(Signed) **Paul R. King**, M. D.
(Address) **1107 Bryant Alley**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dear Miss
Bryant 12/19/91