

REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 1228 N. 13th, St.

File No. 28342

Registered No. 834

St. Ward

2. FULL NAME Evens McGaughy

(a) Residence, No. 1228 N. 13th, St. 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9/138.

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

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

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) St. Joseph, Missouri. (STATE OR COUNTRY)

13. NAME Robert McGaughy

14. BIRTHPLACE (CITY OR TOWN) Des Moines, Iowa. (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Bibbins

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri. (STATE OR COUNTRY)

17. INFORMANT Robert McGaughy (ADDRESS) 1228 N. 13th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Aug. 11, 1938

19. UNDERTAKER Graves Funeral Home. (ADDRESS) 806 S. 17th

20. FILED 8/11/38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 Aug. 1938

22. I HEREBY CERTIFY that I attended deceased from 9 Aug. 1938 to 9 Aug. 1938

I last saw the above on 9 Aug. 1938 Death is said

to have occurred on the date stated above, at ... m. The principal cause of death and related causes of importance were as follows:

Pneumonia
Pulmonary insufficiency
Date of onset 9 Aug. 1938

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____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) E. P. STRAWN, M. D.
(Address) 1008 West 21st St.

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.

WHITE CARBONET WITH OBTAINING INK—THIS IS A PERMANENT RECORD

