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.

2[illegible] MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Ripley
Township Doniphan
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 750
Primary Registration District No. 5985

File No. 15914
Registered No. 1598

2. FULL NAME Wanda Louise McGuire

(a) Residence, No. ..... 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1938

7. AGE YEARS 1 MONTHS 1 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Myrtle Mo

FATHER
13. NAME Don McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grays Co Ky.

MOTHER
15. MAIDEN NAME Wanda Lee Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Imboden Ark

17. INFORMANT (ADDRESS) Don McGuire

18. BURIAL, CREMATION, OR REMOVAL
PLACE Center Hill DATE 5/6 1939

19. UNDERTAKER (ADDRESS) Gish

20. FILED 5-6 1939 E. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 5, 1939
I last saw her alive on May 4, 1939. Death is said to have occurred on the date stated above, at 11:0 m.
The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset

Other contributory causes of importance:
Peristaltic

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 ....., 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) Dr. L. Williams, M. D.
(Address) Doniphan Mo.