DEC'D OCT 10 1939

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

31832
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township or (c) City Columbia
Registration District No. 73
Primary Registration District No. 3006
Registered No. 184
(d) Street No. Boone County Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

10 3 4

2. PRINT FULL NAME MILTON McGUIRE
(a) Residence, No. 207 WALNUT St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
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) 1-7-1911
7. AGE: Years 28 Months 8 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day labor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

FATHER
13. NAME Robert McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

MOTHER
15. MAIDEN NAME Jennie Bonaurey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT (ADDRESS) Jennie McGuire Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens Store No. DATE 9-11-39

19. FUNERAL DIRECTOR (NAME) Isaac P. Parker (ADDRESS) Columbia Missouri

20. FILED 9/11/1939 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939 to Sept. 8, 1939, that I last saw him alive on Sept. 8, 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis with perforation	July 27
Multiple abscesses of spleen and liver	
Abscess of peritoneal cavity	
Other contributory causes or importance: lateral to sigmoid	

Name of operation Appendectomy - drainage Date July 27
What test confirmed diagnosis? Was there an autopsy? No

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) James M. Baker, M. D.
(Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ONE CARBON, MAKES THIS A PERMANENT RECORD

1 X16803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Stuart R Jacker

Licensed Embalmer No. 2900

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.