

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

21135
Do not use this space.

1. PLACE OF DEATH Jackson

(a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 100 Registered No. 2403
 (c) City Kansas Cit., Mo. (d) Street No. 910 West 32nd. St. St.
 (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.

2. PRINT FULL NAME Thomas Leo McGuire

(a) Residence, No. 910 West 32nd. St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	53	0	17	

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

9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Fire Comm.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Missouri

FATHER

13. NAME Thomas McGuire

14. BIRTHPLACE (CITY OR TOWN) Ireland

MOTHER

15. MAIDEN NAME Margaret Flaherty

16. BIRTHPLACE (CITY OR TOWN) New York

17. INFORMANT Mrs. Catherine McGuire
 (ADDRESS) 910 W. 32nd. Va. 2623

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE St. Marys Cem. DATE 6/13/39

19. FUNERAL DIRECTOR (NAME) W.F. Layberry
 (ADDRESS) 2315 Linwood Blvd.

20. FILED June 12, 1939 M. M. Cron
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1939, to June 9, 1939.
 I last saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung
& Bright's Disease

Date of onset 1 yr ago

Other contributory causes of importance: _____

Name of operation Minor Toxic out. Date of 1 yr ago
 What test confirmed diagnosis? Chemical 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) William M. Keith M. D.
 (Address) 612 Professional Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1-12-38 I 1 X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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