

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

1934

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 749
 (b) Township Richmond Primary Registration District No. 3035 5976
 (c) City or Richmond Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lorenzo Samuel Magill
 (a) Residence, No. Eight Miles North of Richmond Mo. In this community
 (Usual place of abode, if no street address, write county or city) all his life
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma F. Magill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1855
 7. AGE YEARS 85 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Knoxville (STATE OR COUNTRY) Mo.

FATHER 13. NAME Lorenzo Magill 14. BIRTHPLACE (CITY OR TOWN) Crab Orchard (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy McGaugh 16. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo.

17. INFORMANT Mayme E. Magill (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL Dockery Mo. Richmond Mo. DATE May 29, 1940

19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond Mo.

20. FILED May 29, 1940 M. E. Thurman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1940, 19
 22. I HEREBY CERTIFY, That I attended deceased from 5-15 to 5-26, 1940
 I last saw him alive on 5-26, 1940 Death is said to have occurred on the date stated above, at 3/40 A. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio Sclerosis
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic 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? _____
 If so, specify _____
 (Signed) E. E. Thurman, M. D.
 (Address) Richmond Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-14-40

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

....., Registered Apprentice No. ~~###~~
working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

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.