

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

Do not use this space.

27708

1. PLACE OF DEATH

County Ray

Township Richmond

City Richmond (No. 744)

Registration District No. 744

Primary Registration District No. 3035

File No. 70

Registered No. 70

St. Richmond Ward 7

2. FULL NAME

(a) Residence, No. William Henry Magill St. Richmond Ward 7

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF James A. Magill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1952

7. AGE YEARS 83

MONTHS 10

DAYS 1

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Richmond Mo

FATHER

13. NAME William Magill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER

15. MAIDEN NAME Elizabeth Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT (ADDRESS) John F. Magill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond Mo DATE July 5, 1936

19. UNDERTAKER (ADDRESS) Richmond Mo

20. FILED July 15, 1936 E. E. Key Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 4, 1936

I last saw him alive on July 4, 1936 Death is said

to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Robert Pneumonia Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) R. E. Green, M. D.

(Address) Richmond 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.

