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

Do not use this space.

17196

1. PLACE OF DEATH

County: Saline — Registration District No. 796 — File No.

Township: ~~Marshall~~ — Primary Registration District No. 3038 — Registered No. 72

City: Marshall (No. ..... St. ..... Ward)

2. FULL NAME: Albert McGinnis

(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: M.

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Albert McGinnis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 1, 1853

7. AGE: Years 73 — Months 8 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: College Professor

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Penn.

PARENTS

10. NAME OF FATHER: John McGinnis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Penn.

12. MAIDEN NAME OF MOTHER: Cynthia Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Penn.

14. INFORMANT (Address): John H. McGinnis, Dallas, Tex.

15. FILED 5/24 1927 D. V. Manning, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1926 to May 22, 1927, that I last saw him alive on May 22, 1927, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis
92A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no — DATE OF —

WAS THERE AN AUTOPSY? no —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) [signature], M. D.

5-23, 1927 (Address) Marshall, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park Cem. — DATE OF BURIAL: May 25 1927

20. UNDERTAKER: Vandiver-Leist — ADDRESS: Marshall 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.