Nov 22 1928

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

Do not use this space.

35918

**1. PLACE OF DEATH**

County: Jasper — Registration District No. 407 — File No.

Township: — Primary Registration District No. 4241 — Registered No.

City: Webb City (No. 2, St. Ward)

**2. FULL NAME** Fred McGinnis

(a) Residence. No. 102 E. Main St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 27 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 5 | 14 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cafe Owner
(b) General nature of industry, business, or establishment in which employed (or employer): N. E.
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Manhattan
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Goodman McGinnis

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio

12. MAIDEN NAME OF MOTHER: Jennie McClemann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

14. INFORMANT: Georgia Curlee
(Address): Joplin Mo.

15. FILED 10-13 1928 — C. L. Gray, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 11 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. that I last saw him alive on Oct 17 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strychnine poisoning - self administered with suicidal intent (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. M. Stormont, M. D.

10/14, 1928 (Address) Webb City Coroner

*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: Castlewood Cem — DATE OF BURIAL: 10/14 1928

20. UNDERTAKER: Webb City Und Co — ADDRESS: Webb City

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.

PERMANENT RECORD