JUN 25 1929

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

Do not use this space.

17813

1. PLACE OF DEATH

County Greene — Registration District No. 318 — Dr. Howe

Township — Primary Registration District No. 2001 — File No. 370

City Springfield (No. Nettleton & Frisco R. Way St. Ward) — Registered No. 370

2. FULL NAME Loyal Lester McGinnis

(a) Residence. No. Sparta R.F.D. #1 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: wm
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susie Lasley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29 — 1903

7. AGE: Years 25 — Months 7 — Days 5 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(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): Mo.

PARENTS

10. NAME OF FATHER: John M. McGinnis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Delia Tann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: John M. McGinnis
(Address) Sparta Route 1

15. FILED 5-6, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-1929

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw him Dec 5-4 1929 and that death occurred, on the date stated above, at 12 55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull
RR Crossing accident Riding on RR motor car struck by automobile in Springfield Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7-1 M 188 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? wo DATE OF

WAS THERE AN AUTOPSY? wo

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Murray C Stone, Coroner, M.D.
5/6 - 1929 (Address) Springfield 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: Shipman Cem. — DATE OF BURIAL: 5/6 - 1929

20. UNDERTAKER: W Harvey — ADDRESS: Elm Market

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.

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