

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

Do not use this space.

25664

1. PLACE OF DEATH

County St Genevieve Registration District No. 780 File No. _____
Township Jackson Primary Registration District No. 6028 Registered No. 31
City Bartholomew St. _____ Ward _____

2. FULL NAME

James Ginsbury
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Crossell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
81 6 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work James retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Ginsbury

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

12. MAIDEN NAME OF MOTHER Yonkers

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

14. INFORMANT Walter Ginsbury
(Address) Bartholomew Mo

15. July 15, 1929 T.W. Douglas
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1929

17. HEREBY CERTIFY, That I attended deceased from July 4, 1929, to July 13, 1929
that I last saw him alive on July 13, 1929, and that death occurred, on the date stated above, at 3 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular Renal Disease

1290
29 2 (duration) 24 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cholelithiasis
Prostitis (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, St. Genevieve Mo

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed): Arthur E. Sawyer, M. D.

7/15, 1929 (Address) St. Genevieve 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 St. Genevieve Mo DATE OF BURIAL July 15 1929

20. UNDERTAKER John Bacher ADDRESS St. Genevieve 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.

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