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

Do not use this space.

File No. 16768

Registered No. 20

1. PLACE OF DEATH
County: Shelby
Township: Johnson
City: Memphis (No. ..... St. ..... Ward)

Registration District No. 810
Primary Registration District No. 4488

2. FULL NAME: Fred McIntyre
(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.

MAY 27 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary McIntyre

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 3, 1851

7. AGE: Years 79 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): White Pigeon Mich

PARENTS
10. NAME OF FATHER: J. W. McIntyre
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tompkins County N.Y.
12. MAIDEN NAME OF MOTHER: Sabina McIntosh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

14. INFORMANT: Glen H. McIntyre
(Address): Memphis Mo

15. FILED: 5/11, 1931 E. E. Sanning, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1931, to Apr 11, 1931 that I last saw him alive on Apr 11, 1931, and that death occurred, on the date stated above, at 8.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
1931
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 7 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? Physical
(Signed) A. E. Pettus, M. D.
4/12, 1931 (Address) Memphis 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: Memphis Cemetery
DATE OF BURIAL: 4/19 1931

20. UNDERTAKER: A. O. Payne & Sons
ADDRESS: Memphis