

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

Do not use this space.

11063

1. PLACE OF DEATH

County
Township
City (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3147
St. Ward)

2. FULL NAME

(a) Residence, No. William McJinn
(Usual place of abode) St Mary Infirmary 22 Ward.

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if of foreign birth? (If nonresident, give city or town and State) yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna McJinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 66 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 2

13. NAME James McJinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary McJinn
(ADDRESS) De Paul Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Galaxy DATE April 1/32

19. UNDERTAKER Geo E Mahler
(ADDRESS) 131 1336

20. FILED 131 1336 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 3/26/31 19... to 3/30/32 19...
I last saw him alive on 3/30/32 19... Death is said to have occurred on the date stated above, at 17 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia -
59
108
59
Other contributory causes of importance: Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis? Co. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. Sommecher, M. D.
(Address) 1526 Papin St.

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.

