

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.

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 3000City St. Louis (No. St. Johns Hospital)File No. 14382Registered No. 3719

St. Ward)

2. FULL NAME La Verne M^cGinnis(a) Residence, No.
(Usual place of abode)St. 12 Ward. Sedelia Mo

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25-18 89</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief Operator</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Scott Western Bell Co</u>
	10. Date deceased last worked at this occupation (month and year) <u>11-3-32</u>	11. Total time (years) spent in this occupation <u>21</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedelia Mo</u>	
FATHER	13. NAME <u>Unk</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk ?/1</u>
	15. MAIDEN NAME <u>Unk</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk</u>	
	17. INFORMANT (ADDRESS) <u>Frank A. Adams Sedelia Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedelia Mo</u> DATE <u>4-18 32</u>		
19. UNDERTAKER (ADDRESS) <u>M^cLaughlin Sedelia Mo</u>		
20. FILED <u>APR 16 1932</u> <u>Max C. Standley</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1932

22. I HEREBY CERTIFY that I attended deceased from Sept. 26-32, 1930, to April 16, 1932

I last saw him alive on April 16, 1932. Death is said to have occurred on the date stated above, at 3 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Bacteremia
(Positive blood cultures of Strep. Hemolyticus)

Other contributory causes of importance:
Radiatic Breast Amputation
Streptococcus Pharyngitis
Aden. Carcinoma of Breast

Name of operation Radiatic Breast Removal Date of 3-22-32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Not known

(Signed) [Signature] M. D.
(Address) 35 1/2 Pine Ave St. Louis Mo.

Date of onset
4-10-323-22-32
4-9-32
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