

MAY 22 1933

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

Do not use this space.

12493

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. 2721 Faraon street) St. Ward

2. FULL NAME Thomas McGinley

(a) Residence, No. St. Ward. Denver Colorado
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sara McGinley (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 24

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Stockman (Cattle)

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

10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nebraska City (STATE OR COUNTRY) Nebraska

13. NAME Daniel McGinley

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

15. MAIDEN NAME Anna Traynor

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

17. INFORMANT Mrs. B. McPhee (ADDRESS) 2721 Faraon st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Denver Colo. DATE April 26, 1933

19. UNDERTAKER H. O. Sidenfader (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 4-27-33 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to April 25, 1933

I last saw h. im. alive on April 15, 1933 Death is said

to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary obstruction Date of onset

9419
77 9413

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) John J. Byrne, M. D.

(Address) St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPERMANENT RECORD

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