

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Callaway

Registration District No. 104

File No. 390

Township Fulton

Primary Registration District No. 3008

Registered No. 22

City Fulton (No.)

St. Ward)

2. FULL NAME

James McEinnis (McEinnis)

(a) Residence, No. Knox County St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 17 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) Widowed

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

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

7. AGE YEARS 74 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

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

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) OK 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

13. NAME OK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

15. MAIDEN NAME OK

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

17. INFORMANT Hosp Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina, Mo DATE Jan 23 1935

19. UNDERTAKER Leo Walden (ADDRESS) Fulton Mo

20. FILED Jan 23 1935 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1934, to Jan 22 1935

I last saw h. (h.w.) alive on Jan 22 1935. Death is said to have occurred on the date stated above, at 9:10 p.m.

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

General Paralysis of the Insane Date of onset -

Other contributory causes of importance:

Name of operation - Date of -

What test confirmed diagnosis? - 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? -

If so, specify -

(Signed) Thos A. Shapiro, M. D.

(Address) St. Mary Hosp No 1

Fulton, 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.

Dr. Crews,

Salisbury,

Hannibal, Missouri
March 6th, 1935.

To Whom It May Concern;

I, D.F. McGinnis do hereby state that the personal and Statistical Particulars of death certificate of James McGinnis who passed away January 32nd, 1935 at Fulton, Missouri is now correct and the one which was filled was not correct and this information is from family record.

x D. F. McGinnis

State Of Missouri.
County Of Marion.

The above named personally appeared before me a Notary Public this 6th day of March 1935 and swore that the above statements are true.

Michael J. O'Donnell

(Notary Public)

My Commission expires May 28th, 1938.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
 Township _____ Primary Registration District No. 3008 Registered No. _____
 City Gulton Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

James Mc Ginnis
 (a) Residence, No. Edina, Mo. Knox Co., St. Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Mrs Margaret Mc Ginnis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1863</u>		
7. AGE <u>69</u> YEARS	MONTHS <u>9</u>	DAYS <u>SH</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edina, Mo. Knox Co., Mo.</u>
	13. NAME <u>John Mc Ginnis</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County, Mo. Ireland</u>
	15. MAIDEN NAME <u>Ann Brady</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County, Mo. Ireland</u>
	17. INFORMANT (ADDRESS) <u>D. G. Mc Ginnis 1012 Lyon Hannibal Mo</u>
BURIAL	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edina Mo</u> DATE <u>Jan 25 1935</u>
	19. UNDERTAKER (ADDRESS) <u>L. B. Kelley Edina Mo</u>
20. FILED <u>Jan 23 1935</u>	Registrar <u>R. H. Cress</u>

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. ALTH
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

SUPPLEMENTARY

MAR 1 1985

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