

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.

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

Do not use this space.

FEB 22 1935

731

1. PLACE OF DEATH

County Daviess Registration District No. 255
 Township Jefferson Primary Registration District No. 5357
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME

Asa Hardin M. Ginnio
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 54 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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>Ellie E. McGuffee</u> <u>H. Ginnio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 - 1883</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>5</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>Farmer</u>	11. Total time (years) spent in this occupation _____
	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) _____	

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

MOTHER FATHER 13. NAME Anderson M. Ginnio

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

15. MAIDEN NAME Jancy Preston

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

17. INFORMANT A. R. M. Ginnio
(ADDRESS) Altamont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Ayr Altamont DATE Jan 19 1935

19. UNDERTAKER H. F. Powell
(ADDRESS) Builder 2nd

20. FILED Feb 1935 Fred W. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1935 to 1-13, 1935

I last saw him alive on 1-15, 1935 Death is said

to have occurred on the date stated above, at 1:30 P. m.

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

Angina-Pectoris

Date of onset

1/15/35

Other contributory causes of importance:

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 _____, 1935

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) J. E. Reich M. D.

(Address) Altamont, Mo.

1947-1948

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