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

JAN 9 1935

Do not use this space.

2466

1. PLACE OF DEATH
County: Pulaski — Registration District No. 690
Township: Hartford — Primary Registration District No. 5918
City: ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Isaac McSinnis

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl H. McSinnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21 1852

7. AGE — YEARS: 82 — MONTHS: 1 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo.

FATHER
13. NAME: McSinnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo.

MOTHER
15. MAIDEN NAME: Mary Bruyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo

17. INFORMANT (ADDRESS): Charley McSinnis, Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL: Fairview Cemetery DATE Jan 6 1935

19. UNDERTAKER (ADDRESS): Grace Funeral Home, Bowling Green Mo.

20. FILED Jan. 7 1935 S. Clyde Craig, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/4 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:

Cardiac Thrombosis — Date of onset 1/4/35
95 hrs

Other contributory causes of importance:
Old age

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? .....
If so, specify .....
(Signed) J. Mathews Cowan M. D.
(Address) Bowling Green Mo