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.

JAN 20 1936

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

Do not use this space.

Registration District No. 744
Primary Registration District No. 3035

File No. 2633
Registered No. 2

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond (No. ....., ... St. ..... Ward)

2. FULL NAME Martha A McGinnis

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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: Female
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 Strother McGinnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1851

7. AGE: Years 84 | Months 12 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 .....

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

FATHER
13. NAME Ezekiel Samples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Do not know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT Mrs John Swafford
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pisgah DATE 1-5- 1936

19. UNDERTAKER C. M. Joiner
(ADDRESS) Richmond, Mo.

20. FILED 1-4 1936 E E Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1936, to 1-2, 1936
I last saw h.w. alive on 1-2, 1936. Death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-1-36

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 ....., 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) Geo. F. Corn, M. D.
(Address) Richmond, Mo.

Geo 12