MAR 19 1936

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

Do not use this space.

5616

1. PLACE OF DEATH
County Holt
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 369
Primary Registration District No. 5515

File No. 5
Registered No. 1

2. FULL NAME John 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ellen Brady McGinnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5th 1856

7. AGE: YEARS 79 | MONTHS 9 | DAYS 2 | 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): Salem Ohio.

FATHER
13. NAME: McGinnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Ohio

MOTHER
15. MAIDEN NAME: Margaret Morton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): James McGinnis Craig Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE Feb 10 1936

19. UNDERTAKER (ADDRESS): H. Crawford.

20. FILED Feb 10 1936 Vinta Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febr 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936, to Febr 7, 1936
I last saw him alive on Jan 20th, 1936. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset 1932.

Other contributory causes of importance:

Name of operation ..... Date of ..... No
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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Craig 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.