MAR 4 1936

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

Do not use this space.

6988

File No.
Registered No. 15

1. PLACE OF DEATH
County Newton
Registration District No. 609
Township
Primary Registration District No. 4363
City Neosho (No. , St. Ward)

2. FULL NAME James McGinty

(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~~ Helen Clark McGinty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 13 1874

7. AGE: Years 61 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Clothing)
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) Marshfield Missouri

FATHER
13. NAME A. C. McGinty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tennessee

MOTHER
15. MAIDEN NAME Mary Susan Hayden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

17. INFORMANT (ADDRESS) A. C. McGinty Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cemetery DATE 2-19 1936

19. UNDERTAKER (ADDRESS) Bighams Neosho Mo

20. FILED 2-19 1936 Orall A. Dale M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to February 17 1936
I last saw him alive on February 17 1936 Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/12/36

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? No
If so, specify

(Signed) R. C. Lawson, M. D.
(Address) Neosho Mo