

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **Fullerton Bldg.**) St. Ward)

File No. **7938**
Registered No. **1639**

2. FULL NAME **CHARLES A. McINTYRE**

(a) Residence, No. **520 Chestnut** St., **25** 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMMA McINTYRE				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1871				
7. AGE	YEARS 65	MONTHS 0	DAY 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAWYER			
	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)..... Hannibal (STATE OR COUNTRY) Mo.				
FATHER	13. NAME James McIntyre			
	14. BIRTHPLACE (CITY OR TOWN)..... Ireland (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME O'Nail			
	16. BIRTHPLACE (CITY OR TOWN)..... Ireland (STATE OR COUNTRY)			
17. INFORMANT John B. McIntyre (ADDRESS) 3949 N. Euclid Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 14, 1936				
19. UNDERTAKER Mullen Bros. (ADDRESS) 4259 Lindell Blvd.				
20. FILED 13 1936 19. J. P. Bredbeck Registrar.				

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 12th 1936**

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 **1:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Arterio sclerosis, Cirrhosis Liver, Chronic Gastritis.

Date of onset

Other contributory causes of importance:

1246

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **[Signature]**, M. D.
(Address) **[Signature]**

713136

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

