

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

Do not use this space.

JUN 16 1936

18456

1. PLACE OF DEATH

County FLORISSIN
Township
City MEXICO MO (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME

JOHN HENRY M^E GINNIS

(a) Residence, No. 202 E JACKSON St. _____ Ward. PARIS, MO.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILLIE M^E GINNIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 11, 1859

7. AGE YEARS 75 MONTHS 7 LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BLACKSMITH

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) 7/14 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WRIGHT CITY MO.

13. NAME THOMAS M^E GINNIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME MARTHA CANALL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. ADA SNYDER (ADDRESS) PARIS, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MIDWAY CHURCH DATE 6/1 1936

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) PARIS, MO.

20. FILED 5/31/1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-30 1936 to 5-31 1936
I last saw him live on 5-31 1936 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Senile Arterial Hypertension
Bronchial Asthma

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 _____ 1936

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. H. Newson M. D.

(Address) MEXICO MO

WRITE PLAINLY, WITH UNFADING INK—FILL IN ALL SPACES

N. B.—Every item of information should be carefully supplied. A doctor 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.



State of Missouri

SS

County of Monroe

Mrs Ada C. Snyder of Paris Monroe County Missouri being duly sworn upon her oath deposes and says. That she is the daughter of one John Henry McGinnis late of Monroe County Missouri and that she is now in possession of the family bible which contains a complete birth record of his family and that said record shows that the said John Henry McGinnis was born on February 11th 1861 and that the said John Henry McGinnis died on May 31st 1936 being at the time of his death 75 years 3 months and 20 days old.

Ada C. Snyder

Subscribed and sworn to before me a Notary Public in and for Monroe County Missouri this 23rd day of June 1936.

C. P. Powers

Notary Public.

My commission expires March 7th 1937

S-18454

5-30-36