

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jackson
Rau
Kansas City

Registration District No.

Primary Registration District No.

(No.

399
1002
3218 E. 6. Kansas City, Mo.

File No.

Registered No.

St.

Ward

26490

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Bertie Hanley

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

2/15/1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

5

15

OCCUPATION

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

Retired

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)

Arkansas

FATHER

13. NAME

Frank M. Ginniss

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

Maine

MOTHER

15. MAIDEN NAME

Elizabeth Green

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

Arkansas

17. INFORMANT (ADDRESS)

Fred M. Ginniss
3218 E. 6

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Floral Hills

DATE

8-2

1937

19. UNDERTAKER (ADDRESS)

Sheil Funeral Home
6606 Innes ave

20. FILED

July 31, 37 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 30, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 22, 1937, to July 30, 1937

I last saw him alive on July 30, 1937. Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

myocardial degeneration +
hypertension
920

Other contributory causes of importance:

Atherosclerosis

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) Dr. Star D. Ramey

(Address) 3028 East 6th St. No. 20
March 5, 1937

Date of onset

July 30
1937

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.

