

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1
Township Kaw Primary Registration District No. 2
City Kansas City, Mo. (No. 909 East 21st St.) St. 5 Ward 5

36686

File No. 36686
Registered No. 5

2. FULL NAME Nadine Mary McGinnis

(a) Residence, No. 909 E 21st St. St. 5 Ward 5
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 0 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

13. NAME Mack McGinnis

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

15. MAIDEN NAME Elsie Michler

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

17. INFORMANT Mack McGinnis
(ADDRESS) 909 E 21st St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Oct. 14-37

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 10-13 27 mm lww tr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-37 19

22. I HEREBY CERTIFY, That I attended deceased from 19 10 to 19 10

I last saw him Deputy Coroner 19 10 Death is said to have occurred on the date stated above, at 2:17 p.m.

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

Pertussis -
Bronchopneumonia
9

Other contributory causes of importance:

Name of operation Duhring Date of 10-11-37
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? None Date of injury 10-11-37

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) Russell W. Fein M. D.
(Address) None

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.

