

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

Do not use this space.

1331

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township Kew Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Strother McGINNIS Residence No. Research St. Hospital Richmond, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 ANNIE NORRIS MCGINNIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1854

7. AGE YEARS 83 MONTHS -8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) KENTUCKY

13. NAME STROTHOR MCGINNIS

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

15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

17. INFORMANT (ADDRESS) Horace McGINNIS RICHMOND, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE RICHMOND DATE 1/5/38

19. UNDERTAKER (ADDRESS) Brothers - Joiner Richmond, MO

20. FILED Jan 2, 1938 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1938

22. I HEREBY CERTIFY that I attended deceased from Dec. 29, 1937 to January 3, 1938
I last saw him alive on January 2, 1938. Death is said to have occurred on the date stated above, at 15:00 a.m.

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

Peritonitis, generalized Date of onset Dec. 30
Strangulated inguinal hernia

Other contributory causes of importance: _____

Name of operation peritonectomy Date of Dec. 28, 1937

What test confirmed diagnosis operation 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? No
If so, specify _____

(Signed) W. Wallace Greene M. D.
(Address) 4801 Roanoke, Kansas City, Mo.

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.

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FEB 18 1938

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