REC'D MAR 20 1938

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

Do not use this space.

7214

1. PLACE OF DEATH

54 County Lafayette — Registration District No. 461 — File No. 16

Township Lexington — Primary Registration District No. 3024 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Joseph McIntyre 253

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Ma	white	* - ----

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	0	2	

OCCUPATION

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

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) Lexington, Mo. 0

FATHER

13. NAME Patrick McIntyre 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logford, Co., Ireland 5

MOTHER

15. MAIDEN NAME Margaret Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ireland

17. INFORMANT (ADDRESS) Miss. Elizabeth McIntyre Lexington, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo DATE Feb. 21, 1938

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo

20. FILED Feb. 21, 1938 F. B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938, to Feb. 18, 1938

I last saw him alive on Feb. 18, 1938. Death is said to have occurred on the date stated above, at 3 p. m.

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

	Date of onset
Influenza	6 days
92 a	

Other contributory causes of importance:

Chronic Myocarditis	several
Endocarditis	years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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.

414 (Address) Lexington 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.