REC'D MAY 17 1938

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

Do not use this space.

3

1. PLACE OF DEATH
County Buchanan 1 Registration District No. 85 File No. 14110
Township Primary Registration District No. Registered No. 472
City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Thomas Francis McIntyre 253
(a) Residence, No. State Hosp. St. No 2 Ward. Lexington Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 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 Mrs. Bella McIntyre
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1872
7. AGE YEARS 65 MONTHS 11 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salon Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salon
10. Date deceased last worked at this occupation (month and year) Nov. 1928
11. Total time (years) spent in this occupation 10 yrs

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) Ireland 5

MOTHER
15. MAIDEN NAME Margaret Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) State Hosp. #2 records
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Lexington Mo DATE 4-29 1938
19. UNDERTAKER (ADDRESS) Winkler Lexington Mo
20. FILED Apr 29 1938 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938
22. I HEREBY CERTIFY, That I attended deceased from April 15 1938, to April 28, 1938
I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia — Date of onset 4-24-38
Syphilis — Unknown
34
Other contributory causes of importance:
Cerebral Arteriosclerosis
arteriosclerosis — Unknown
Name of operation None Date of
What test confirmed diagnosis? Wassermann Kahn 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? No.
If so, specify
(Signed) Donald H Breit, M. D.
(Address) State Hosp. #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 18 1956