Dr. C. A. King.
2 / REG AUG 8 1938 Due - 0383 /

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 99

Do not use this space.

24156

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Blue — Primary Registration District No. — Registered No.
City Kansas City (No. Conley Hospital St. 2661 Ward)

2. FULL NAME James Edwin McGinnis Sr. 252
(a) Residence, No. 8733 St. John St., Ward. Jackson Co. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 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: Mrs. Ada McGinnis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1882
7. AGE: Years 56 — Months 0 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jones Elec. Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: William McGinnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Roff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. Ada McGinnis 8733 St. John - K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington Cem. DATE: July 4 38
19. UNDERTAKER (ADDRESS): George C. Carson Independence, Mo.
20. FILED 7-3 1938 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to June 30, 1938. I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Carcinoma	
46	

Other contributory causes of importance:
Abdominal Ascites

Name of operation: Exploratory — Date of: June 29
What test confirmed diagnosis? Surgery — 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? 3
If so, specify
(Signed) C. A. King D.O. M.D.
(Address) Conley Clinical Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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