REC'D JUN 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. 2521 , St. Ward)
Registration District No. 4
Primary Registration District No. 3001
File No. 17873
Registered No. 128

2. FULL NAME Lorezo D. McGinness
(a) Residence, No. Itinerant St., Ward.
(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: 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: Zema O'brien
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk.
7. AGE: YEARS 46 | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trapeze
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: High pole Aerialiest
10. Date deceased last worked at this occupation (month and year): May 29, 1939
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Casey, Ill. Ill.

FATHER
13. NAME: DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT (ADDRESS): Zema Glenn O'Brien Itinerant
18. BURIAL, CREMATION, OR REMOVAL PLACE: Chicago, Ill DATE: May 22, 1939
19. UNDERTAKER (ADDRESS): Davis Funeral Home Kirksville, Mo.
20. FILED: May 20, 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19 - , 1939
22. I HEREBY CERTIFY, That I attended deceased from Dead on, 19 My arrival, 19
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1115 a.m.
The principal cause of death and related causes of importance were as follows:
Head crushed in fall from High pole in doing act
Date of onset
Other contributory causes of importance: Rope broke
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? accident Date of injury 5-19, 1939
Where did injury occur? West edge of Kirksville, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury
Nature of injury stated above
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify was doing his act in show
(Signed) C. D. Davis, D.O. Coroner, M.D.
(Address) Kirksville, Mo.

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

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.

50M-10-22-38 I X9314

MAY 23 1956

RECEIVED
District Health Officer No. 10
District File Number 10-39-1130
Date Filed JUN 15 1989