

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

Do not use this space.

16744

1. PLACE OF DEATH

County Henry Registration District No. 312
 Township Jackson Primary Registration District No. 543/A
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 10

2. FULL NAME

Syrah Carolign Ginter

(a) Residence. No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-1928

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

I HEREBY CERTIFY That I attended deceased from June 19, 1928, to May 22, 1928, that I last saw her alive on 2/17/28, and that death occurred, on the date stated above, at 11:40 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31-1843

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. 84 8 12

apoplexy
82.1 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 7401
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Madras, Ind.
 (STATE OR COUNTRY) Illness

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER James Murphy

DID AN OPERATION PRECEDE DEATH? DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winkton
 (STATE OR COUNTRY)

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

(Signed) S. B. Blacklock, M. D.
5/13, 1928 (Address) King City, Mo.

14. INFORMANT W. G. Ginter
 (Address) King City, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Chapel Cemetery DATE OF BURIAL 5-14-1928

15. FILED May 14, 1928 W. G. Ginter REGISTRAR

20. UNDERTAKER J. J. Gagner ADDRESS King City

Exact statement of OCCUPATION is very important.

