

APR 30 1930

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

Do not use this space.

9695

1. PLACE OF DEATH

County Madaway  
Township  
City Maryville (No. .... St. .... Ward)

Registration District No. 625  
Primary Registration District No. 3037

File No. ....  
Registered No. 20

2. FULL NAME

James M McGinnis  
(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 male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1930, to Mar. 2, 1930 that I last saw him alive on Mar. 1, 1930, and that death occurred, on the date stated above, at 11 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC-16 1847  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 16

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Total Pneumonia  
59  
108

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

CONTRIBUTORY (SECONDARY) Diabetes (duration) 7 yrs. 7 mos. 7 ds.  
5 yrs. 5 mos. 5 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

10. NAME OF FATHER Abina McGinnis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. B. Heyford, M. D.  
Mar. 4 1930 (Address) Maryville, Mo

12. MAIDEN NAME OF MOTHER Susan M. Blanchard  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs Jas McGinnis  
(Address) Maryville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miriam Cemetery DATE OF BURIAL 3-5 1930

15. FILED 3-4 1930 C. P. Fryer REGISTRAR  
MEC

20. UNDERTAKER Prie Fun Co Maryville ADDRESS Mo

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

7-1  
0  
7

