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FILED MAY 7 1940 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14601

File No.
Registered No. 27
St. Ward)

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township 2 Primary Registration District No. 4104
City Salisbury

2. FULL NAME

James Robert Ginter

(a) Residence, No. 6 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-11-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Clarence Ginter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Genevieve Dodge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Clarence Ginter
Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Catholic DATE Apr. 14 1940

19. UNDERTAKER (ADDRESS) Geo. B. Winkelmeyer
Salisbury Mo

20. FILED 4-14 1940 W. H. Hawkins Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 1940

22. I HEREBY CERTIFY, That I attended deceased from April 11 1940, to April 13 1940
I last saw him alive on April 13 1940 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Infection of umbilical cord with septic gangrene Date of onset 4-12-40

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None 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) J. L. Harris M. D.
(Address) Salisbury Mo

copies of this certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5/3/48