

RECEIVED JUL 1 1934

PLACE OF DEATH

County of Fremont
City of Lake Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 90543

Registration District No. 102
Primary Registration District No. 6

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia G. McGinn

(a) Residence. No. _____ St. _____
(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 <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>J. M. McGinn</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Feb 7th 1886</u>			
7. AGE	Years <u>48</u>	Months <u>7</u>	Days <u>6</u>
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>			
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Marion Island Michigan</u>			
13. NAME <u>ALBERT N GREGG</u>			
14. BIRTHPLACE (city or town) (State or country) <u>MICHIGAN</u>			
15. MAIDEN NAME <u>ELLA DELMORTAR</u>			
16. BIRTHPLACE (city or town) (State or country) <u>MICHIGAN</u>			
17. INFORMANT <u>Kath McGinn</u> (Address) <u>Mark Dr 10440</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Bozeman Mont.</u> Date <u>9/18, 1934</u>			
19. UNDERTAKER <u>Lewis Kessel</u> (Address) <u>Ashford Idaho</u>			
20. FILED <u>9/17, 1934</u> <u>Lewis Kessel</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>Spt. 13 1934</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 16th, 1934</u> to <u>Sept. 16th, 1934</u> . I last saw her <u>Sept. 16th, 1934</u> ; death is said to have occurred on the date stated above, at <u>9 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Gun shot wound inflicted by husband</u> <u>Sept. 13/34</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis? ... Was there an autopsy? ..	
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury <u>9/13 1934</u> Where did injury occur? <u>Lake Idaho</u> <u>9/13 34</u> (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place. <u>Selected place</u>	
Manner of injury <u>Shot</u>	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify	
(Signed) <u>P. M. Kelly</u> M. D. (Address) <u>St. Anthony Idaho</u>	

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