

STATE OF MONTANA  
Bureau of Vital Statistics  
Standard Certificate of Death

Do not write  
in this space  
*Book 3 Page M<sup>c</sup>-1*

## 1. PLACE OF DEATH

County **Fremont**Registered No. **1224**

Township \_\_\_\_\_ or Village \_\_\_\_\_ or

City **Lake, Idaho** No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2. FULL NAME **J. M. McGinn**(a) Residence: No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

## 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 **Georgia McGinn**  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Hotel Keeper**

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) **D.K.**13. NAME **D.K.**14. BIRTHPLACE (city or town) (State or country) **D.K.**15. MAIDEN NAME **D.K.**16. BIRTHPLACE (city or town) (State or country) **D.K.**17. INFORMANT **Keith McGinn**  
(Address)18. BURIAL, CREMATION, OR REMOVAL **Bozeman, Montana**  
Place \_\_\_\_\_ Date \_\_\_\_\_ 19.19. UNDERTAKER **Shipping Lewis Kiser**  
(Address) **Ashton, Idaho**20. FILED **9/17/34** **A. D. Brewer**  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Sept. 13, 1934**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 16, 1934** to **Sept. 16, 1934**I last saw him **im** ~~alive~~ **dead** on **9/13, 1934**, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance in order of onset were as follows:

**Suicide**  
**Gunshot wound in head**

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_, Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?

If so, specify \_\_\_\_\_

(Signed) **P. M. Kelly**, M. D.(Address) **Anthony, Idaho**

Health Officer