

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

PLACE OF DEATH

County Kennett

Township _____

or _____

Village _____

or _____

City Springfield

Registration District No. 318

File No. 28025

Primary Registration District No. 2001

Registered No. 533

(NO) Inco Hospital

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME J. W. Mc Carthy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH Aug. 26, 1911
(Month) (Day) (Year)

DATE OF BIRTH Oct. 3, 1874
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 4, 1911, to Aug. 26, 1911, that I last saw him alive on Aug. 26, 1911, and that death occurred, on the date stated above, at 4:56 p.m.

AGE 37 yrs. 10 mos. - ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Malignant Endocarditis

OCCUPATION (a) Trade, profession, or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) Frisco

(Duration) yrs. 38 ds.
Contributory Pyemia
(Duration) yrs. 38 ds.

BIRTHPLACE (City or town, State or foreign country) Illinois

NAME OF FATHER J. W. Mc Carthy

(Signed) O. C. Horst M. D.
8-26, 1911 (Address) Springfield, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mont. Mo.

MAIDEN NAME OF MOTHER Ann. Thomas.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. 22 ds. In the State _____ yrs. 22 ds.

(Informant) J. W. Mc Carthy

Where was disease contracted Jonesboro Ark
If not at place of death?

(ADDRESS) Jonesboro Ark.

Former or usual residence Jonesboro Ark.

PLACE OF BURIAL OR REMOVAL Jonesboro Ark

DATE OF BURIAL Aug 27, 1911

UNDERTAKER W. J. Schuman

ADDRESS 305 W. Walnut.

Filed 8-26, 1911 H. B. Sumner REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

