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

Do not use this space.

File No. 1131

Registered No. 178

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Lee — Primary Registration District No.: 3099

City: Kansas City, Mo. (No. 5324 Highland Ave St. ... Ward)

2. FULL NAME: Michael McCarthy

(a) Residence. No. 5324 Highland St., ... Ward.
(Usual place of abode) Home for the Aged (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: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower of Mary McGlone

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 79 — Months — — Days — — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: James McCarthy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Ellen Crowley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Sr. Marie Auguste, asst. Little Sisters (Address) 5324 Highland (Home for the Poor)

15. FILED 1-12 1927 M. M. Crowe ass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-11 1927

17. I HEREBY CERTIFY, That I attended deceased from June ..., 1927, to Jan. 9, 1927 that I last saw h. ... alive on Jan. 9, 1927, and that death occurred, on the date stated above, at 2 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary T.B.
DBA
Nephritis
Varicose (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) A. Sachs-Rouff, M. D.

1/12, 1927 (Address) 1034 Argyle Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: M. St. Marys — DATE OF BURIAL: Jan 13 1927

20. UNDERTAKER: Quirk & Robin — ADDRESS: 33rd & Main

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD