AUG 18 1927

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

Do not use this space.

File No. 23324
Registered No.

1. PLACE OF DEATH
County: Scotland
Township: Harrison
City: (No. , St. Ward)
Registration District No. 809
Primary Registration District No. 6054

2. FULL NAME Everett Leslie McCarty

(a) Residence. No. Wyaconda, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Mc Mcarty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) West Virginia

PARENTS
10. NAME OF FATHER Caperton Mc Carty
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER ~~Mary E. Carter~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia

14. INFORMANT Mrs Mary McCarty
(Address) Wyaconda, Mo.

15. FILED 7-21, 1927 F. M. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1926 to July 21, 1927 that I last saw him alive on July 17, 1927, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilatation of heart (sudden)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Johnson, M. D.
7-21, 1927 (Address) Gorin Mo

*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: Gorin Cemetery — DATE OF BURIAL: July 23 27
20. UNDERTAKER: Gerth & Baker — ADDRESS: Gorin

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.