

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.

1/1  
0376

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

Do not use this space.

24336

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kew Primary Registration District No. 1002  
 City Kansas City (No. 4246 Harrison)

File No. 3123  
 Registered No. 3123  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Richard Hugh Hayes McCartney  
 (a) Residence. No. 4246 Harrison St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Laura Elliott McCartney,  
 (OR) WIFE OF Deceased

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept. 16, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	10	23	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Kilbrittan, County  
 (STATE OR COUNTRY) Cork, Ireland

**10. NAME OF FATHER** Thomas McCartney

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Scotland

**12. MAIDEN NAME OF MOTHER** Frances Sweetman

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Kilbrittan  
 (STATE OR COUNTRY) County Cork, Ireland

**14. INFORMANT** Richard Burdick  
 (Address) Kansas City

**15. FILED** 8/10 27 M. M. Conroy  
 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) August 9 19 27

**17. I HEREBY CERTIFY**, That I attended deceased from July 11 1927, to Aug 9 1927, that I last saw him alive on Aug 9 1927, and that death occurred, on the date stated above, at 11:15 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bright's Disease of the  
Kidneys; Immediate cause  
Zephusen  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY** Myocarditis, Chronic  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John F. Elliott M. D.  
8/10 1927 (Address) 570 Chambers Street (C. M.)

\*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** Forest Hill Cemetery DATE OF BURIAL 8-11-1927

**20. UNDERTAKER** Stewart McClure ADDRESS 924 Oak

Num. 0376