

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

Do not use this space.

13193

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....
Township.....Kaw..... Primary Registration District No.....
City.....Kansas City (No. 2324 Chestnut)..... St. Ward)

File No.....
Registered No.....

2. FULL NAME Thomas McCarthy

(a) Residence. No. 2324 Chestnut St. 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Delia McCarthy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (10 years)
(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

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Miss May Slattery
(Address) 2324 Chestnut

15. FILED 4/3 28 M M Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3, 1928¹⁹

17. I HEREBY CERTIFY That I attended deceased from 2-31-1928 to 4-2-1928 that I last saw him alive on 4-2-1928, and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar
101a
(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) myocarditis chronic
(duration) yrs. mos. ds. 2

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? Physical Ex
(Signed) G. Welch, M. D.

4/3, 1928 (Address) 2357 Paul

*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 DATE OF BURIAL

St. Mary's Cemetery

4/5/28 19

20. UNDERTAKER

ADDRESS

Quirk & Tobin--20 West Linwood.

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

THIS IS A PERMANENT RECORD

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