

SEP 27 1928

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

Do not use this space.

1. PLACE OF BIRTH  
 County Stoddard Registration District No. 837  
 Township Castle Primary Registration District No. 6099  
 City..... (No.....)..... St. .... Ward)  
 File No. 29457  
 Registered No. ....

2. FULL NAME James McCarie  
 (a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mc 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
about 70  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Co. Paupiers  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Don't know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Don't know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

14. INFORMANT Alex Mooney  
 (Address) Bloomfield Mo  
 15. FILED 9-5-28 Edward Ford  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 1 1928  
 17. I HEREBY CERTIFY, That I attended deceased from .....  
 , 19....., to ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... 10 P.M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
2.8 a.m. after  
2.8 a.m. after  
2.8 a.m. after  
2.8 a.m. after  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 205B  
 (duration) ..... yrs. .... mos. .... ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 9 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) B. R. Reynolds  
 , 19 (Address) Bloomfield

\*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 Co Home DATE OF BURIAL 8-2 1928  
 20. UNDERTAKER J. A. Giles ADDRESS Bloomfield

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.

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