221

24 1928

WRITE PLAINLY, WITH UNFADING INK—T

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.

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

Do not use this space.

30044

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 2

City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Charles Fenton McCarty

(a) Residence. No. 116 E. McCarty St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mariah McCarty

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1842

7. AGE: 86 YEARS, 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): Jefferson City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Burr H. McCarty
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Alzira Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.

14. INFORMANT: J. H. Cutten
(Address): Jefferson City, Mo.

15. FILED 9-11, 1928 S. V. Bedford, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep't. 5th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept. 4, 1928, that I last saw him alive on Sept 4, 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Fractured hip

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D.

Sept 5, 1928 (Address) [illegible]

*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: Riverview Cemetery — DATE OF BURIAL: 9-7- 1928

20. UNDERTAKER: Chas. P. Heinrichs — ADDRESS: J. C. Mo.

WRITE PLAINLY ... THIS IS A PERMANENT RECORD

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Cole — Registration District No.: 213 — File No.:
Township: — Primary Registration District No.: 3014 — Registered No.: 221
City: Jefferson (No. ... St. ... Ward)

2. FULL NAME: Charles Fenton McCarty

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mariah McCarty

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

7. AGE: Years 86 | 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): Jefferson City Mo

PARENTS
10. NAME OF FATHER: Burr H. McCarty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Georgia Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: J. W. Cutter
(Address): Jefferson City

15. FILED: 11-3, 1928 — S. Dickson — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 5 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 ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Paralytic Stroke of Left
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Fractured hip
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. R. Aldewelge, M. D.
, 19 (Address) Jefferson City 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: Riverview Cem — DATE OF BURIAL: 9-7 1928

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: JC Mo

SUPPLEMENTARY

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