JAN 23 1929

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

Do not use this space.

41218

1. PLACE OF DEATH
County: Jackson
Township: Prairie
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 400
Primary Registration District No. 5553B
File No. .....
Registered No. 160

2. FULL NAME: William E. Cary
(a) Residence. No. Jackson Co. Home St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 23 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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-23-~~1928~~ 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Michigan

PARENTS
10. NAME OF FATHER: O. N. Cary
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: M. Hitchcock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): New York

14. INFORMANT: J. N. Hostetter
(Address): Supt. Jackson Co. Home

15. FILED 12/11, 1928 J. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11-1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Dec 10, 1928, that I last saw him alive on Dec 10, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
430 ? (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senile senility (duration) ..... yrs. 3 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) J. N. Greene, M. D
12/13, 1928 (Address) Independence 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: King Cemetery, Martin City
DATE OF BURIAL: Dec 14 1928
20. UNDERTAKER: Ketterline
ADDRESS: K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD