

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

2683

1. PLACE OF DEATH
 County Madison Registration District No. 607
 Township Cove Primary Registration District No. 5804
 City (Name) _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Julia Caroline 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edie McCarty</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>about 62</u>	YEARS <u>X</u>	MONTHS <u>X</u>
	MONTHS <u>X</u>	DAY <u>X</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (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) <u>Ill</u>		
10. NAME OF FATHER <u>John C. Carter</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Mary Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
14. INFORMANT (Address) <u>John Carter</u> <u>Cove, Mo</u>		
15. FILED <u>Jan 31 1929</u> <u>C. S. Blackman</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1928 to Jan 2 1929
 that I last saw her Jan 2 1929 alive on Jan 2 1929 and the death occurred, on the date stated above, at 1:35 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
IIA
10X
 (duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. _____ mos. 8 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? Asymptomatic
 (Signed) C. S. Blackman, M. D.

*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 Parma Mo DATE OF BURIAL Jan 14 1929

20. UNDERTAKER To Knight ADDRESS Parma 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.

72
 268
 2
 31
 31

