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

Do not use this space.

37472

File No. 4960

Registered No.

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson Registration District No. 399

Township Kan Primary Registration District No. 10

City Kansas City, Mo. (No. U. S. Veterans Hosp St. Ward)

2. FULL NAME McCARTHY, Jesse Columbus C-None WOE

(a) Residence. No. 4131 Holmes St. St., Ward. Pvt. 331st Inf.

(Usual place of abode) Kansas City, Mo. (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.

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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PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	35	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver

(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) Missouri

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.

(Address) Kansas City, Mo

15. FILED 12/3, 1929 M. F. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 30 1929

17. I HEREBY CERTIFY, That I attended deceased from November 28, 1929 to November 30, 1929 that I last saw h im alive on November 30, 1929, and that death occurred, on the date stated above, at 2:47 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? General Phys. Exam.

(Signed) V. E. Chambers, M. D.

V.E.CHAMBERS, Medical Officer in Charge.

(Title) U.S.V.Hospital, Kansas 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	DATE OF BURIAL
Lindsey Receiving Vaults	Dec. 3, 1929

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	Kan City Mo