

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

Do not use this space.
M^c 380261
File No. _____
Registered No. 320 (Ward)

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sudalia (No. _____) St. _____ Ward _____

2. FULL NAME Myrtles M^c Lee M^c Carthy
(a) Residence. No. 508 So. Main 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula M^c Carthy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>1</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(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) _____

10. NAME OF FATHER Wm M^c Carthy

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

12. MAIDEN NAME OF MOTHER Mary Leguier

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

14. INFORMANT Lula M^c Carthy
(Address) Sudalia, Mo.

15. FILED 11-27-29 J. D. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1929, to Nov 21, 1929 that I last saw her alive on Nov 20, 1929, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paramyotoma reptans acutes
(duration) _____ yrs. 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Epilepsy, obtuse myocarditis, arteriosclerosis of base of brain
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH. as not known

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chrom. deposits
(Signed) Chas. A. Hill M. D.

(Address) Sudalia 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 Crown Hill DATE OF BURIAL 11/24 1929

20. UNDERTAKER Sellers ADDRESS Sudalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S valid 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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