

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

Do not use this space.

40607

**1. PLACE OF DEATH**

County Jackson

Registration District No. **399**

File No. \_\_\_\_\_

Township Keans

Primary Registration District No. 15

Registered No. 5012

City Kansas City

(No. Kansas City General Hosp)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

McCarthy - John

(a) Residence. No. 577 1/2 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

unknown

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

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

83

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baron Palmer

(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)

unknown

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Reverend Clerk  
K.C. General Hosp

15.

FILED

7/6/29 M. M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4 1929

17.

I HEREBY CERTIFY, That I attended deceased from

11-29, 1929 to 12-4, 1929  
that I last saw him alive on 12-4, 1929, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Subar Pneumonia of  
right lower lobe  
108

97 (duration) yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis  
(SECONDARY) (duration) yrs. 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? yes

WHAT TEST CONFIRMED DIAGNOSIS Clin. Find. & Autopsy

(Signed) P. P. Williams M. D.

25, 1929 (Address) Subt K.C. Gen. Hosp

\*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

Leeds, Washington Iowa

DATE OF BURIAL

12-6-29

20. UNDERTAKER

O. V. Mast

ADDRESS

K6 Mo

THIS IS A PERMANENT RECORD

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.

