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

Do not use this space.

41084

File No. .....

Registered No. 536

Registration District No. 411

Primary Registration District No. 20092

1. PLACE OF DEATH

County Jasper

Township .....

City Joplin (No. 724 Pennsylvania St. ..... Ward)

2. FULL NAME Arthur M. McCarthy

(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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37 last	6	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Texas

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michael McCarthy

PARENTS

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER Mary Lynnegislay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

14. INFORMANT Ruth McCarthy
(Address) Joplin Mo

15. FILED 12/18, 1929 W. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1929, to 12-16-29, that I last saw him alive on 12-16-29, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia

15 DA (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carbuncle on face

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 15 DA

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Mitchell A. Greg M. D.

12/19, 1929 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or if 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
Forest Park	12/20 1929
20. UNDERTAKER	**ADDRESS**
Hurlbut Lund Co	Joplin 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.

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