

R 28 1930

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

Do not use this space.

## 1. PLACE OF DEATH

County Lafayette  
Township Dover  
City Carleton (No. ....)

Registration District No. 460  
Primary Registration District No. 5623-B

File No. 5524  
Registered No. 16  
St. .... Ward)

## 2. FULL NAME

Amy J. McCarty  
(a) Residence, No. J. Corder St., ..... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22-48

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 — 6 17

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Madison  
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER New York11. BIRTHPLACE OF FATHER (CITY OR TOWN) City  
(STATE OR COUNTRY) .....12. MAIDEN NAME OF MOTHER Amy G. King13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) .....14. INFORMANT Dolly J. Fox  
(Address) Corder St. Carleton15. FILED 7/11, 1930 Doris P. Porter  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from 1929 to Feb 9, 1930  
that I last saw him alive on July 8, 1929 and that death occurred, on the date stated above, at 3:20 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Atherosclerosis  
or  
Heart Failure  
(duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Fracture of 3rd rib  
(duration) 3 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED .....  
IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alvin Carter, M. D.. 19 (Address) Carleton, 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

Blackburn Funeral DATE OF BURIAL Feb 11 1930

20. UNDERTAKER

Hoefner-Mummershop ADDRESS H. Hill

