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APR 28 1930

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

Do not use this space.

8473

1. PLACE OF DEATH

County Hennip  
Township Clinton  
City Clinton (No. 1)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles J. McCarty  
(a) Residence. No. 323 South Oak 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. . . da. How long in U. S., if of foreign birth? yrs. . . mos. . . da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, . . . hrs. or . . . min.
	<u>78</u>	<u>10</u>	<u>12</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lexington  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER E. C. McCarty

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

12. MAIDEN NAME OF MOTHER Mary Brown

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

14. INFORMANT Jamie McCarty  
(Address) Clinton Mo

15. FILED 3/28 1930 Dr. E. C. Reeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-1 1930 to 3-27 1930 that I last saw him alive on 3-27 1930, and that death occurred, on the date stated above, at Clinton Mo

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer stomach  
463  
440  
(duration) . . . yrs. 6 . . . mos. . . ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) . . . yrs. . . mos. . . ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G. S. Sulfer, M. D.  
3-28 1930 (Address) Clinton 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 Englewood Cem  
DATE OF BURIAL 3/29 1930

20. UNDERTAKER S. P. Rowson  
ADDRESS Clinton Mo

WHITE PRINTING WITH ONE DRUG THIS IS THE ONLY 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.

