

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

Do not use this space.

12624

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City Kansas City (No. Research Hoop)

File No. _____
Registered No. 1551
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5844 Mc Gee St. 8 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1930, to Apr 7, 1930, and that I last saw h. m. alive on Apr 7, 1930, and that death occurred, on the date stated above, at 11 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17, 1870

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 6 3 20

Carcinoma of hepatic
Hb. Glycogen
1223
10344 (duration) 1 yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pres. McCarty
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocery Co.
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Residual obstruction
Laemorrhages (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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

10. NAME OF FATHER Samuel McCarty

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 3/30

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

WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER Mary Brady

WHAT TEST CONFIRMED DIAGNOSIS? X-ray operation
(Signed) L. J. Berg, M. D.

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

(Address) 1800 E. 23rd St. Berq.

14. INFORMANT Mrs. Elizabeth McCarty
(Address) 5844 Mc Gee

*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.

15. FILED 4/8 30 M. M. Brown REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Apr 10 1930
20. UNDERTAKER S. H. Newcomer's Sons ADDRESS N 6 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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15

1800 7th St. B. 10/15/38
no 4238
1-3, 30