WRITE PLAINLY, WITH UNFADING INK—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.

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

Do not use this space.

12703

File No. 9

Registered No. 1630

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Marys Hosp St. Ward)
Registration District No. 399
Primary Registration District No. 100

2. FULL NAME Burton Henry McCarty
(a) Residence. No. 114 No Mahaffie St., 3rd Ward. Olathe Kas.
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep-5-1865

7. AGE Years 64 Months 7 Days 7 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Track Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Frisco Ry Co
(c) Name of employer

114

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

PARENTS
10. NAME OF FATHER Sam McCarty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Miss Stepp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Elizabeth McCarty
(Address) Olathe Kas.

15. FILED 4/13, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/10, 1930, to 4-12, 1930 that I last saw him alive on 4/12, 1930, and that death occurred, on the date stated above, at 2 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
121A
129
109 (duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured Appendix. Hypertension
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 4/10/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) James R McEvoy, M. D.
4/12, 1930 (Address) 802 Medical Arts Bldg KCMO.

*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 Olathe Kas.
DATE OF BURIAL Apr 15 1930

20. UNDERTAKER N. E. Julien
ADDRESS Olathe Ks.