

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

Do not use this space.
21508
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File No. _____
Registered No. **6393.**
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Sanitarium**)

2. FULL NAME

(a) Residence. No. **5042 Kensington** Apt. **13** Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **32 yrs. 4 mos. 20 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Feb. 11, 1898</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>32</i>	<i>4</i>	<i>19</i>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <i>Shoe worker</i>				
(b) General nature of industry, business, or establishment in which employed (or employer). <i>Unknown</i>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Missouri*

PARENTS	10. NAME OF FATHER <i>James M. Carthy</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Unknown</i> (STATE OR COUNTRY) <i>Ireland</i>
	12. MAIDEN NAME OF MOTHER <i>Margaret M. Sweeney</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Unknown</i> (STATE OR COUNTRY) <i>Ireland</i>	

14. INFORMANT *Dr. Mulline*
(Address) *5400 Arsenal*

15. FILED *11 - 2 1930*
W. C. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6 - 30 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Mar. 5, 1928*, to *6 - 30 1930*.
that I last saw h. *last* alive on *6 - 30 1930*, and that death occurred, on the date stated above, at *4:45 P.* m.

83
34
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane (Syphilitic) (duration) *2 3 26* yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED *76*
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Clinical & Wasserman*
(Signed) *Dr. Mulline*, M. D.
6-30-1930 (Address) *5400 Arsenal*

*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 *Sanitarium* DATE OF BURIAL *7-3 1930*
ADDRESS *2039 Wash St*

20. UNDERTAKER *Arthur J. Donnelly*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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