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. 14475

1. PLACE OF DEATH

County Jackson — Registration District No. 899 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1995

City Kansas City (No. 208 North Elmwood St. Ward)

2. FULL NAME Thomas J.McCarthy

(a) Residence. No. 208 North Elmwood St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 123 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs.Margaret McCarthy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22nd.1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	1	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Employee
(b) General nature of industry, business, or establishment in which employed (or employer) Mo.Pac.R.R. 12
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 2

PARENTS

10. NAME OF FATHER James McCarthy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

12. MAIDEN NAME OF MOTHER Ann McQuillen

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

14. INFORMANT Mrs.Margaret McCarthy
(Address) 208 North Elmwood

15. FILED 4/30, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28th. 1931

17. I HEREBY CERTIFY, That I attended deceased from April 23rd, 1931, to April 28th, 1931 that I last saw him alive on April 28th, 1931, and that death occurred, on the date stated above, at 10.55PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchial Pneumonia
93C
107A
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H V Cordry M.D., M. D.
4/29/31 (Address) 805 Elmwood ave

*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	DATE OF BURIAL
St.Mary's Cemetery	May 1st 1931
20. UNDERTAKER	**ADDRESS**
W.F.Mayberry	Kans City Mo

805 Elmwood
Bv 1746