

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

Do not use this space.

15190

1. PLACE OF DEATH

90 County Pettis Registration District No. 667
Township La Monte Primary Registration District No. 4400
City (No. 5888)

File No. _____
Registered No. 2 (If nonresident, give city or town and State)
St. _____ Ward _____

2. FULL NAME

James Mac Cart
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annis Mac Cart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-11-1881</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticent Mo</u>		
FATHER	13. NAME <u>Welcome Max Cart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Fanniss Jeff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tenn</u>	
17. INFORMANT (ADDRESS) <u>B. F. Rogers La Monte Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monticent</u> DATE <u>4-21-31</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Muthaupt Houstonia Mo</u>		
20. FILED <u>April 21, 1931</u> <u>B. F. Parkers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1931 to April 19, 1931
I last saw him alive on April 19, 1931. Death is said to have occurred on the date stated above, at 4. P. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 4/11/31
Influenza 4/5/31

Other contributory causes of importance:
115 110 109 110

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. E. Porter M. D.
(Address) Knob Nodden Mo

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.

APR 27 1931

