

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. N.W. Cor. 7th & Walnut)

Registration District No. 399
Primary Registration District No. 1002

File No. 1298
Registered No. 336
St. _____ Ward _____

2. FULL NAME Daniel J. McCarty

(a) Residence, No. 5347 Lydia St. 15 Ward _____

(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Member of K. C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept 181
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME James McCarty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Catherine McKenna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Mary McCarty (ADDRESS) 5347 Lydia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE Jan 30 1932

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) 20 West Linwood

20. FILED Jan 28 32 M. M. Cronce Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-32

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral sclerosis Date of onset _____
94B
94B

Name of operation _____ Date of _____
What test confirmed diagnosis? Judgment Was there an autopsy? yes

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. in public place

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____ M. D.

(Address) _____

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.

