

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1203

City.....

(No. City Hazel #2) St. \_\_\_\_\_ Ward)

File No. 2838

Registered No. 542

**2. FULL NAME**

Jim McCarty

(a) Residence No. 2717 Euclid St. 22 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

1/5/1896

7. AGE

YEARS 36

MONTHS -

DAY 6

IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 237

(b) General nature of industry, business, or establishment in which employed (or employer) unknown 210M

(c) Name of employer unknown 11A

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis 2

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT

Mustey Nelson

(Address) 2717 Euclid St.

15. FILED

JAN 18 1932

W. C. Strickland

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11 1932

17. No Physician in Attendance I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 315A, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Haemorrhage of left lung following fracture due to fracture of ribs, struck by auto St. Louis Mo. a pedestrian accident

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

8 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. W. Ferner M.D.

1/12, 1932 (Address) Dep. Coronel

\*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

Father Dixon

DATE OF BURIAL

1-19-1932

20. UNDERTAKER

Ellis Funeral Home

ADDRESS

2820 Stoddard

WRITE COMPLETELY 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.

