WHITE PEARLET, 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.

8642

1. PLACE OF DEATH
County JACKSON — Registration District No. 38 — File No.
Township KAW — Primary Registration District No. 1066 — Registered No. 1227
City KANSAS CITY (No. 3807, AGNES St. Ward)

2. FULL NAME MRS. SARAH McCARTY
(a) Residence, No. 3807 Agnes Ave St., Ward.
(Usual place of abode) (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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GEORGE W. McCARTY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. - 23 - 1835

7. AGE: YEARS 96 — MONTHS 4 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY 2

FATHER
13. NAME DR. T. DUVALL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARYLAND

MOTHER
15. MAIDEN NAME HANNA ASHLAND
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. O. B. BEVIS
(ADDRESS) 3807 AGNES

18. BURIAL, CREMATION, OR REMOVAL
PLACE KEARNY, MISSOURI DATE MARCH - 22, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 3/24, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 19", 1932, to Mch. 22", 1932
I last saw her alive on Mch 22", 1932. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-19-32
107A	
162	
147a	

Other contributory causes of importance:
Old Age

Name of operation — Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) Geo D. McCarty, M. D.
(Address) 4328 Holly, Ct.

[illegible] Holly [illegible]
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