

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

Do not use this space.

28081

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1002
City (No. Merchants Exchange Bldg)

File No.
Registered No. 17972
St. Ward

2. FULL NAME

William J. Mc Carthy
(a) Residence, No. 3832 Coor Park St. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>9</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 251

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Ins & Weighing Co

10. Date deceased last worked at this occupation (month and year) 1 5 years 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) Chandlerville 2 (STATE OR COUNTRY) Illinois

13. NAME Gerry Mc Carthy

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

15. MAIDEN NAME Mary Crowley

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

17. INFORMANT J. P. Mc Carthy (ADDRESS) Dixon Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chandlerville, Ill DATE Sept 2 1937

19. UNDERTAKER John P. Calcutt & Son (ADDRESS) 928 No. 2nd St. Chandlerville, Ill

20. FILED SEP - 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1932

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 11:30 m.

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

Phone Intactial
131 Nephritis
Other contributory causes of importance: (7)

Name of operation Date of.....

What test confirmed diagnosis? 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. No Injury

Manner of injury No Injury

Nature of injury.....

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

If so, specify.....

(Signed) J. P. Mc Carthy, M.D.

(Address) Chandlerville, Ill

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.

