

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

Do not use this space.

10941

**1. PLACE OF DEATH**

County St. Louis Registration District No. 189  
 Township Central Primary Registration District No. 6033B  
 City St. Charles (No. 8901 St. Charles Rock Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Daniel M<sup>c</sup>Carty Ward \_\_\_\_\_  
 (a) Residence, No. 8901 St. Charles Rock Rd. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Felicia M<sup>c</sup>Carty  
 (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>7</u>	<u>6</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12 years

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) St. Charles Ill

13. NAME Patrick M<sup>c</sup>Carty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County of Limerick Ireland

15. MAIDEN NAME Mary Alice Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ill

17. INFORMANT (ADDRESS) Oliver F. McCarty  
1337 Hochman st ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 3, 1933

19. UNDERTAKER (ADDRESS) L. B. Tanner  
6107 National Bridge Rd

20. FILED 3-31-1933 Opela Bruce M.D. Registrar

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1930, to Mar 31, 1933

I last saw him alive on Mar 31, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Aneurysm of the aorta

Other contributory causes of importance:

34 34  
Syphilitic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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) T. H. Mansfield, M. D.  
 (Address) 8900 Bristol

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 28 1933  
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165  
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 15  
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