

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

Do not use this space.

1929

FEB 27 1934  
70

1. PLACE OF DEATH

County Montgomery Co. Registration District No. 590  
Township Loutre Primary Registration District No. 5788A  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Sarah Jane McCarty,  
Now Florence, Mo. RFD

(a) Residence, No. \_\_\_\_\_ 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 Singleton McCarty,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 10 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.  
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) Montgomery, Co.

FATHER  
13. NAME Wm Ellis,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

MOTHER  
15. MAIDEN NAME Julia A. Dixon,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

17. INFORMANT (ADDRESS) Mrs. Ed. Stegman  
New Florence, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Ellis Cemetery DATE Jan 20th 1934

19. UNDERTAKER (ADDRESS) Barton Baker,  
Americus, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17-1934 1934

22. I HEREBY CERTIFY, That I attended deceased from several years, 1934, to Jan 17, 1934. I last saw her alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M. The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast. Date of onset 2 yrs.  
50  
50  
Other contributory causes of importance: Arterio-sclerosis. 74

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Ex. 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) Bruce Memphis, M. D.  
(Address) Montgomery, Mo.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Montgomery  
Township Lanthe  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 590  
Primary Registration District No. 5288A

File No. 1929  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Sarah Jane Mc Carty  
New Florence Mo. R.F.D. 1 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16<sup>th</sup> 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>		<u>10</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.  
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) Montgomery Co. Virginia

FATHER 13. NAME Wm Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Julia Dixon

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

17. INFORMANT (ADDRESS) Mrs. Ed. S. G. man New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellis Cemetery DATE Jan 20 1934

19. UNDERTAKER (ADDRESS) Barton Baker American Mo

20. FILED Jan 22 1934 Blanche Scholten Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1934

22. I HEREBY CERTIFY That I attended deceased from several years to Jan. 17 1934  
I last saw him live on Jan. 13<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 2-30<sup>PM</sup> m.  
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis of Right Ventricle Date of onset 2 yr

Other contributory causes of importance: Arteriosclerosis

07 years - duration  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. 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) Buell Menezel M. D.  
(Address) Montgomery City Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-1929