

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

Do not use this space.

1. PLACE OF DEATH

County Bates Registration District No. 50 File No. 7755
 Township Butler mo. Primary Registration District No. 3004 Registered No. 25
 City Butler mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Phyllis McCarty
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
 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) Irland

FATHER 13. NAME don't know McCarty

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

MOTHER 15. MAIDEN NAME don't know Collins

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

17. INFORMANT (ADDRESS) Jerry McCarty Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W.H. Mays DATE Mar 21 1934

19. UNDERTAKER (ADDRESS) Butler mo

20. FILED 3/26 1934 Thos L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Mar 18 1934

I last saw him alive on Jan 19 1934 Death is said to have occurred on the date stated above, at 11 A.m.

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

Acute myocarditis
Panmyeloma

131
 1930
 Other contributory causes of importance:
 130

Name of operation none Date of Feb 1934
 What test confirmed diagnosis stained 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.

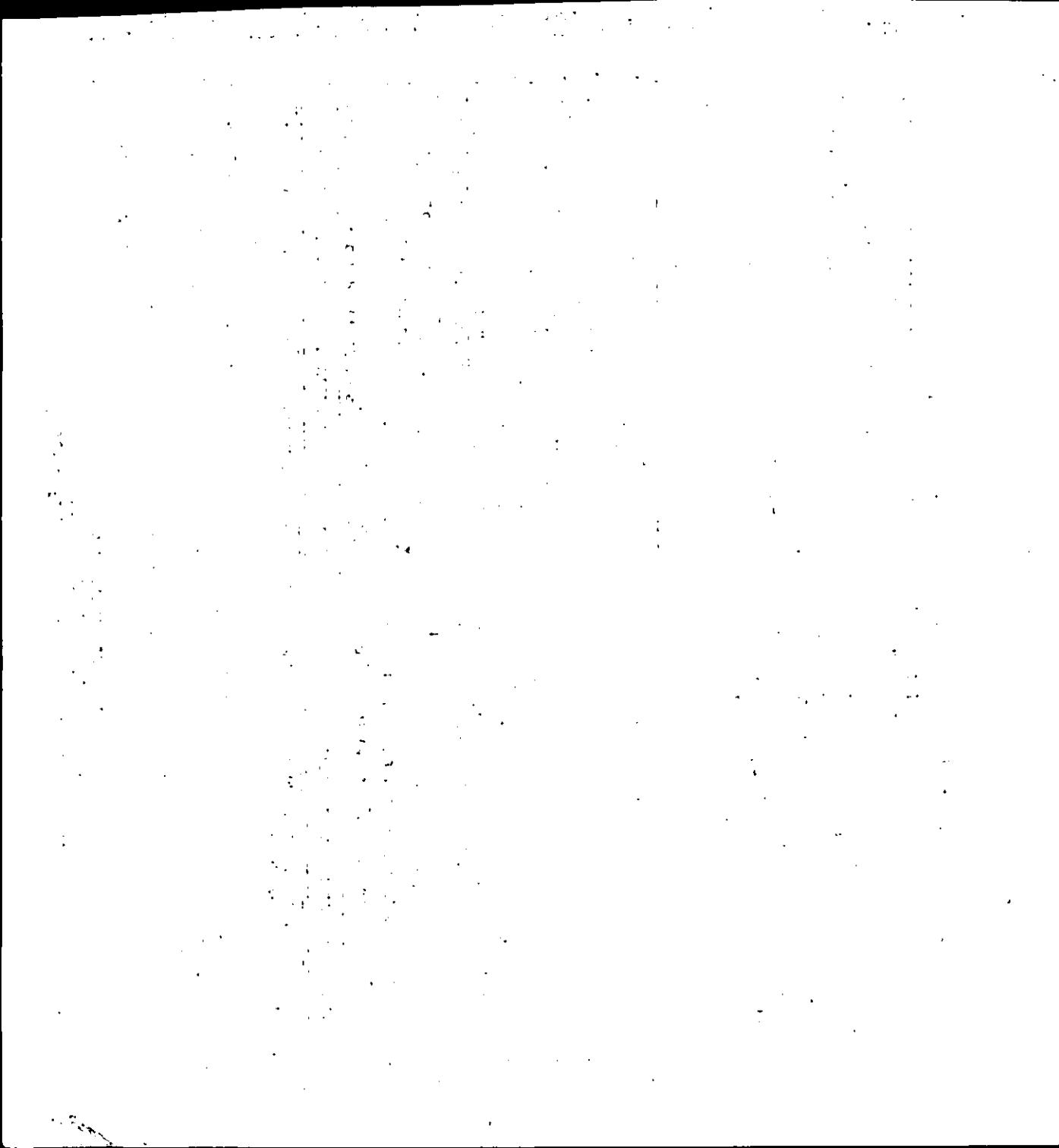
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) J. A. Williamson, M. D.
 (Address) Butler

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.

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Bates

WASHINGTON

25

7755

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dennis Mc Carthy

Who died at _____ on Mar 19-1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: wid

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute nephritis
chronic parenchymatous acid nephritis.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

> Signature of Registrar Thos L Culver Date filed Oct 9-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. N. 50

Primary Reg. Dist. No. 3004

E. T. McLaugh

Special Agent.

SS4L-S
1934

SECRET