WRITE PLAINLY, 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.

MAY 25 1934

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

Do not use this space.

12775

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township Haw Primary Registration District No. Registered No.
City K.C. Mo (No. Vineyard Park Hosp St. Ward)

2. FULL NAME Joseph E. McCarty
(a) Residence, No. 3315 Main 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 male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1880

7. AGE YEARS 54 MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
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) Mo

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Laura McCarty
(ADDRESS) 3315 Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Apr. 4 34

19. UNDERTAKER Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn ave

20. FILED 4-3, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1934, to Apr 2, 1934
I last saw him alive on Apr 1, 1934 Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	3-21-34
121A	
Other contributory causes of importance:	
Gangrenous Appendicitis	3-18-34

Name of operation Laparotomy Date of 3-26-34
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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O G Sheldon, M. D.
(Address) 922 Wolcott
K.C. Mo.