

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

Do not use this space.

1. PLACE OF DEATH
 40 County Grundy Registration District No. 328
 4 Township Newton Primary Registration District No. 3017
 7 City Newton No. _____ St. _____ Ward _____
 2. FULL NAME Emma Josephene McEarty
 (a) Residence, No. Mical St. no Ward 1
 (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)

File No. 20166
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. J. McCarty
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 #9 6 no
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Monroe County Kentucky
 13. NAME John S. Hagan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Ky
 15. MAIDEN NAME Hennetta Jane Page
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Ky
 17. INFORMANT (ADDRESS) John S. Hagan Mical Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cem DATE June 27 1934
 19. UNDERTAKER (ADDRESS) C. D. [unclear] Mical Mo
 20. FILED 6-26 1934 James J. [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1934
 I HEREBY CERTIFY That I attended deceased from June 17 1934 to June 25 1934
 I last saw her alive on June 20 1934 Death is said to have occurred on the date stated above, at 9:40 A m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Embolus Date of onset 6-24/34
SUB
139C
99A
 Other contributory causes of importance:
Tubo-Ovary of Uterus with Haemorrhage for several months (complicated)
 Name of operation Hysterectomy Date of 6-13-34
 What test confirmed diagnosis? Microscopic 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? NO
 If so, specify _____
 (Signed) J. B. [unclear] M. D.
 (Address) Newton Mo

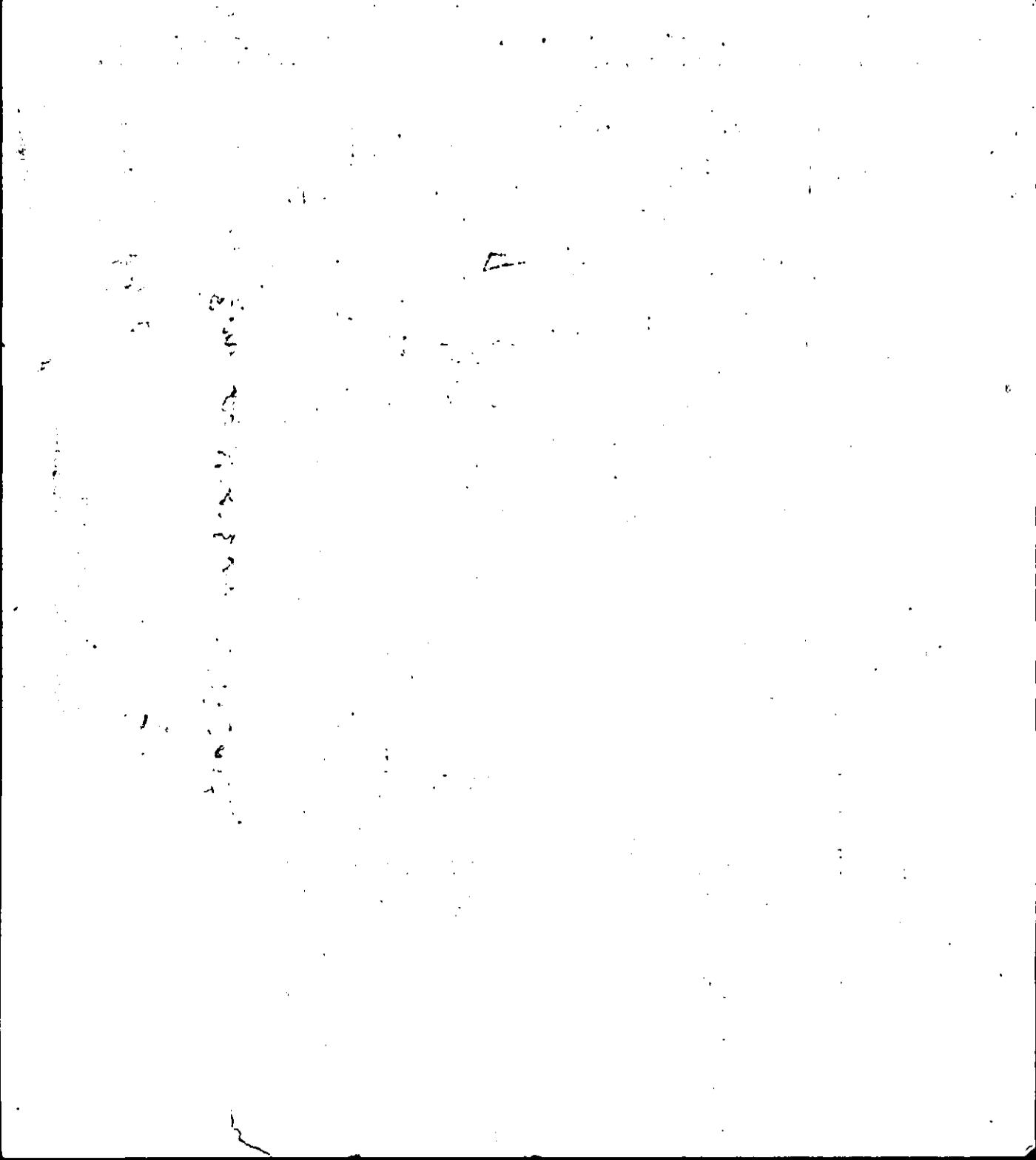
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 10 1934

23

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#2
Gandy

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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: Emma Josephine McCarty
Who died at _____ on June 25, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

(Date of birth Dec 25, 1886) Age: Years 47 Months 6 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: Cardiac embolus **648**

Fibroid myoma uterus with hemorrhage for several
Other contributory causes of importance months (see malignant)

Name of operation hysterectomy Date of (No Recurrence Report)

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 J. E. Moore

Address of physician 1151 1/2 Main St. Newton, Mo.

Signature of Registrar J. D. Fair

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,

E. T. McLaugh M.D.

Special Agent *E. T. McLaugh*

Reg. Dist. No. 328

Primary Reg. Dist. No. 3017

5-20166