SEP 12 1934

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

Do not use this space.

28820

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township — Primary Registration District No. X164 — Registered No. 5-3-

City Salem Mo (No. , St. Ward)

2. FULL NAME Judge John G Carty

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E Daughterty ~~Sarah A Love~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	7	6	

OCCUPATION

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

FATHER

13. NAME James V Carty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

MOTHER

15. MAIDEN NAME Sarah A Love

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

17. INFORMANT (ADDRESS) Vessie Carty SalemMo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Grove Cem DATE 8/27/34 19

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 8/27/ 1934 W. E. Rudd, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1932, to Aug 25, 1934

I last saw him alive on Aug 25, 1934. Death is said to have occurred on the date stated above, at 4 P.M.

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

Atrophic Lateral sclerosis

81

Other contributory causes of importance:

Prostatic Hypertrophy arterio sclerosis

Date of onset

Name of operation Tumor Physical Date of

What test confirmed diagnosis? 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) Jas. H. McCarty, M. D.

(Address) Salem 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.