

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.

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

Do not use this space.

31742

SEP 19 1934

1. PLACE OF DEATH

County Des Moines
Township Washington
City Washington (No. _____) St. _____ Ward _____

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 179
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hospital # 3 St. Meriden Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Dr. J. L. McCarty (OR) WIFE OF not given

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1867

7. AGE YEARS 67 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

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) Lin Co. Kan.

13. NAME J. L. McCarty

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

15. MAIDEN NAME Mary Truman

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

17. INFORMANT A. B. McCarty (ADDRESS) Meriden, Mo.

18. BURIAL, CREMATION, OR REMOVAL Wood Cemetery DATE 9-28, 1934

19. UNDERTAKER Henry Funeral Home (ADDRESS) Meriden, Mo.

20. FILED Aug 28, 1934 M. C. Cichinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to Aug 26, 1934. I last saw him alive on 11-11, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

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

Cancer of pancreas?
46 F
46

Name of operation none Date of _____

What test confirmed diagnosis? autopsy 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? no

If so, specify _____

(Signed) J. T. G. Bell M. D.

(Address) Meriden, Mo.

