WHITE 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

DEC 17 1934

Do not use this space.

39265

1. PLACE OF DEATH

County: Iron — Registration District No. 392

Township: Arcadia — Primary Registration District No. 4231

City: Pilot Knob (No. ..., ... St. ..... Ward)

File No. ..... Registered No. 12

2. FULL NAME: Charles T. 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: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~: Joanna Carty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25 1869

7. AGE: Years 65 — Months 9 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: general store

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: George Carty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Elizabeth minor

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

17. INFORMANT (ADDRESS): Ada Dennison, Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Black Mo. DATE: Nov. 18 1934

19. UNDERTAKER (ADDRESS): Norman White, Ironton Mo.

20. FILED Nov 30, 1934 L. J. Effinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934, to Nov 12, 1934

I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 9:00 P m.

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

	Date of onset
Arteriosclerosis	1929
Other contributory causes of importance: decompensation of heart	6/1/34

Name of operation ..... Date of .....

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

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) G. C. Anson, M. D.

(Address) Ironton Mo