

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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. SIMMONS
City St. Louis (No. 512, McCarley)

File No. 40653
Registered No. 10573
St. _____ Ward _____

2. FULL NAME

James M. McCarty
(a) Residence No. 512 McCarley St. 22 Ward. (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 Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) Flourence McCarty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1858

7. AGE YEARS 76 MONTHS 8 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Camsey, Illinois
(STATE OR COUNTRY)

13. NAME James M. McCarty

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

15. MAIDEN NAME Ruenda Anderson

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

17. INFORMANT Flourence McCarty
(ADDRESS) 512 McCarley

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Nov 3, 1934

19. UNDERTAKER John P. O'Brien & Co
(ADDRESS) 1218 N. Grand St.

20. FILED NOV 22 1934
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1934, to Oct 31st, 1934

I last saw him alive on Oct 31st, 1934 Death is said to have occurred on the date stated above, at 6 A m.

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

Chronic Myocarditis Date of onset 10-10-34
Arterio Sclerosis Indefinite

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical symptoms 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) W. H. Fries, M. D.
(Address) 1544 So. Broadway

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