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.

APR 22 1935

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

Do not use this space.

9587

1. PLACE OF DEATH
County Jasper — Registration District No. 413 — File No.
Township Mineral — Primary Registration District No. 5559C — Registered No. 13
City G B C Hospital (No. , St. Ward)

2. FULL NAME John McCartney
(a) Residence, No. (Usual place of abode) St., Ward. Webb City (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14-1863
7. AGE: YEARS 72 — MONTHS 0 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
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): Indiana

FATHER
13. NAME: James McCartney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Olive Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Records
18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Picher Okla DATE Mar 26 1935
19. UNDERTAKER (ADDRESS): Carter Funeral Home Webb
20. FILED 8-26 1935 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to March 24, 1935
I last saw him alive on March 23, 1935. Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Silicosis	

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? Poor spec — 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? Yes
If so, specify: Mining
(Signed) Jesse E. Douglass, M. D.
(Address) Webb City