

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.

APR 23 1936

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

Do not use this space.

10525

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Lean Primary Registration District No. 1002  
City Hamersley (No. 72) Wagon Shop Ward

File No. \_\_\_\_\_  
Registered No. 1180  
St. \_\_\_\_\_ Ward

2. FULL NAME Edmund McCarther

(a) Residence, No. 6223 E 144 St., \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-23-1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>63</u>
	DAYS <u>3</u>	If LESS than 1 day, .....hrs. or .....min. <u>12</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1936 to 3-5, 1936  
I last saw he alive on 3-5, 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis and Chronic Nephritis  
131  
Other contributory causes of importance:  
Pneumonia

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>No Record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>No Record</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT <u>Ilda McCarther</u> (ADDRESS) <u>6223 East 144th Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>3/7/36</u> , 19 <u>36</u>	
19. UNDERTAKER <u>Mrs. E. L. Foster</u> (ADDRESS) <u>916 Broadway Ave</u>	
20. FILED <u>Ther</u> , 19 <u>36</u> M. <u>Crone</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1936  
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) J. J. McCarther, M. D.  
(Address) Wagon Shop

