(Carty)
JUL 20 1936

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

Do not use this space.

23395

1. PLACE OF DEATH
County Lafayette — Registration District No. 464 — File No. 18
Township Sni-a-Tar — Primary Registration District No. 5627 — Registered No. 43
City ~~Oak Grove R.F.D.~~ (No. ..... St. ..... Ward)

2. FULL NAME James Monroe Carty
(a) Residence No. ..... St., ... Ward. .....
(Usual place of abode) (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Carty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25 1890
7. AGE: YEARS 46 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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): Arkansas

FATHER
13. NAME: James Carty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Grace Carty, Oak Grove Mo
18. BURIAL, CREMATION, OR REMOVAL: Mt Zion Cemetery, Oakgrove R.F.D. DATE 6-14 1936
19. UNDERTAKER (ADDRESS): G. O. Webb, Oak Grove Mo
20. FILED July 10, 1936 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. —, 1935, to June —, 1936
I last saw him alive on May 10, 1936. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular laryngitis	May 19 36
Pulmonary tuberculosis left lung	1934

Other contributory causes of importance: Total loss of right lung for empyema

Name of operation: non — Date of: X
What test confirmed diagnosis? Clinical — 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ..... ~~the~~
(Signed) O. Liston, M. D.
(Address) Oak Grove Mo

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 11 1956