

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 24 1936

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

Do not use this space.

30704

1. PLACE OF DEATH

County Hickory Registration District No. 361
Township Cross Timbers Primary Registration District No. 5506
City (No.) St. Ward

File No. _____
Registered No. 8

2. FULL NAME

Thomas A. McCarty

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallee McCarty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 17

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) 1930 11. Total time (years) spent in this occupation Full

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Indiana

MOTHER 13. NAME William McCarty

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

15. MAIDEN NAME Anna Bandy

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky

17. INFORMANT C. O. Pitt
(ADDRESS) Cross Timbers Mo

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Cross Timbers DATE Aug. 25, 1936

19. UNDERTAKER C. White
(ADDRESS) Cross Timbers Mo

20. FILED Aug 25 1936 B. O. Prewitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936, to Aug. 24, 1936
I last saw him alive on Aug. 23, 1936. 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 nephritis 1933
Other contributory causes of importance: measles 7 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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? no
If so, specify _____
(Signed) J. M. Edwards, M. D.
(Address) Cross Timbers Mo

