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.

JAN 29 1937

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

Do not use this space.

42434

File No.
Registered No. 335

1. PLACE OF DEATH

County St. Louis. Registration District No. 789
Township Central Primary Registration District No. 6033
City Wellston, Mo. (No. 6521 Julian Ave. St. Ward)

2. FULL NAME Martin J. McCarty.

(a) Residence, No. 6521 Julian Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1879.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

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) England.

FATHER

13. NAME Thomas McCarty.

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

MOTHER

15. MAIDEN NAME Mary O'Gara.

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

17. INFORMANT (ADDRESS) Mrs. Amanda McCarty. 6521 Julian Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 30, 1936.

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co 3840 Lindell Blvd.

20. FILED 11-27- 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26- 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1936, to Nov 26, 1936
I last saw him alive on Nov 26, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Coronary Thrombosis	

Other contributory causes of importance:
Hypertension
arterio sclerosis
Chr myocarditis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) C. H. Lindeman, M. D.
(Address) 4126 Shreve Ave

4126 - Stewart
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