

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.

Do not use this space.

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11
9
JUL 29 1937

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

24020

1. PLACE OF DEATH

County Jasper
Township North City
City North City (No. 925 W. SECOND ST.)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 62
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 925 W. Second 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. 7 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 Mrs. Mary McCafferty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1857

7. AGE YEARS 79 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as retired Miner & Farmer sawyer, bookkeeper, etc.
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) Ohio

13. NAME George McCafferty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME Susan Shupp

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

17. INFORMANT (ADDRESS) W. J. McCafferty 925 W. Second St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetery DATE June 9, 1937

19. UNDERTAKER (ADDRESS) Wedge-McLellan Funeral Home North City, Mo.

20. FILED JUNE 9, 1937 D. H. Schettler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to June 7, 1937

I last saw him alive on June 7, 1937. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Caused by embolism of
respiratory center
1935

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. J. McCafferty, M. D.

(Address) North City, Mo.

