

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

Do not use this space.

JUL 29 1937

24140

1. PLACE OF DEATH

County Lawrence Registration District No. 470 File No. _____
 Township _____ Primary Registration District No. 5633 Registered No. 69
 City Mt. Vernon (No. Mo. State Sanatorium, Mt. Vernon St. _____ Ward) _____

2. FULL NAME Mrs. Mary McCarty Mo.

(a) Residence, No. Risco St. _____ Ward. Risco, Mo.
 (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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 22 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Moorehouse Mo (STATE OR COUNTRY)

13. NAME Percy P Ziy

14. BIRTHPLACE (CITY OR TOWN) Paducah Ky (STATE OR COUNTRY)

15. MAIDEN NAME Charlotta Ford

16. BIRTHPLACE (CITY OR TOWN) Harding Co Ill (STATE OR COUNTRY)

17. INFORMANT Ethel McMichal (ADDRESS) record clerk, Mo State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Risco, Mo. DATE 6/11 1937

19. UNDERTAKER Fossett Funeral Home (ADDRESS) Mt. Vernon, Mo.

20. FILED b-11- 1937 P.A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/37, 19, to 6/10/37, 19.

I last saw her alive on 6/10/37, 19. Death is said

to have occurred on the date stated above, at 7 p.m.

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

Pulmonary Tuberculosis Date of onset Aug 36

Other contributory causes of importance:

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 _____, 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) Charles J. McNeal M. D.

(Address) Mt. Vernon

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

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2
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