NOV 15 1937

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

Do not use this space.

37019

1. PLACE OF DEATH
County Andrew
Township Wilson
City (No. St. Ward)

Registration District No. 951
Primary Registration District No. 5037C.

File No. 4
Registered No.

2. FULL NAME Cathrene Virginia 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th 1850

7. AGE 25 YEARS 87 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Va

FATHER
13. NAME George Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

MOTHER
15. MAIDEN NAME Frances Olbon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

17. INFORMANT (ADDRESS) L. McCarty Thompson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edmundson Cem. Mexico Mo. DATE Nov 1st 1937

19. UNDERTAKER (ADDRESS) M. J. McDonald Centralia Mo.

20. FILED 11/1 1937 C. M. Mosley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to Oct. 30th, 1937
I last saw her alive on Oct. 30, 1937. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestine	1930
46	
Other contributory causes of importance: Cardio Vascular renal disease	1931

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) Frank Wm Barden, M. D.
(Address) Centralia, 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.

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