

REC'D. OCT 20 1938

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

Do not use this space.

32098

1. PLACE OF DEATH

DeKalb.

County

Township Camden.

City

(No.)

Registration District No. 259

Primary Registration District No. 5-359/B

File No.

Registered No.

St.

Ward)

2. FULL NAME

Ira Frank McCartney.

(a) Residence, No. 2 1/2 Mi. S.W. Amity, Mo. St.

(Usual place of abode)

Ward. 263

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred, yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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. Belle McCartney.

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

7. AGE

YEARS
68MONTHS
9DAYS
8IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Agriculture.

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) Sept. 1938

11. Total time (years) spent in this occupation 60

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

DeKalb County, Missouri.

MOTHER FATHER

13. NAME

J. S. McCartney.

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

Illinois.

15. MAIDEN NAME

Katherine Brown.

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

Ohio.

17. INFORMANT (ADDRESS)

Mrs. Belle McCartney, Amity, Mo. Maysville

18. BURIAL, CREMATION, OR REMOVAL PLACE

Amity Cem.

DATE Sept. 26 1938

19. UNDERTAKER (ADDRESS)

U. G. Pilcher, Maysville, Mo.

20. FILED

926

19

38

E. B. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1938 to Sept. 24, 1938

I last saw h. alive on Sept. 24, 1938 Death is said to have occurred on the date stated above, at 12: Noon.

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

Cerebral Hemorrhage
Acute Pulmonary edema
Chronic Myocarditis with myocardial failure
Date of onset 7-24-38

Other contributory causes of importance:

Generalized arteriosclerosis with hypertension
Auricular fibrillation
Date 7-7-38

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)

(Address)

John M. Cooper, M. D.
Maysville, Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

32098
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1. PLACE OF DEATH

(a) County DeKalb Registration District No. 259
(b) Township Camden Primary Registration District No. 5359 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Idea Frank McCartney

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 9-26-38 19____

Ethel Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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) John M. Cooper, M. D.

(Address) Mayaville

S-32098