

AUG 16 1939

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

27053  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Janey Registration District No. 861  
(b) Township Swan Primary Registration District No. 6132 Registered No. 17  
(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

263 Charlie Mc Carthy  
(a) Residence, No. \_\_\_\_\_ St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edie Wade</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAY <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Antwerp</u>		
FATHER	13. NAME <u>James Mc Carthy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>19</u>	
MOTHER	15. MAIDEN NAME <u>Antwerp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Antwerp</u>	
17. INFORMANT (ADDRESS) <u>Wm Mc Carthy Sr.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwards Ave</u> DATE <u>July 24 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>773</u> <u>Helen Brown Reynolds</u>		
20. FILED <u>7-24-39</u> <u>1939</u> <u>Helen Brown Reynolds</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-21-1939 to 7-21-1939  
I last saw him alive on 7-21-1939 Death is said to have occurred on the date stated above, at 10<sup>55</sup> a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis & Coronary Sclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 12/1

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) Wm Mc Carthy, M. D.  
7-24-39 (Address) \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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.

1-10603  
THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 839-1712

Date Filed AUG 14 1939

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**