FILED FEB 25 1940

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

Do not use this space.

3839

1. PLACE OF DEATH

County Phelphs — Registration District No. 676

Township [illegible] — Primary Registration District No. 5899

City Jerome, Missouri (No. ..... St. ..... Ward)

File No. .....

Registered No. 17 81

2. FULL NAME Charlie Cunningham McCarty

(a) Residence, No. Jerome, Missouri St., ... Ward. 0 0
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence Ruby McCarty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9/ 11/ 1863

7. AGE: Years 77 — Months 3 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Adrain County, Mo. 0

FATHER

13. NAME: John B. McCarty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Sue E. Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): Mrs. Joe L. Hendrix, Jerome, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dixon, Missouri DATE Dec. 14/1940

19. UNDERTAKER (ADDRESS): Fred H. Gilbert, Dixon, Missouri

20. FILED 12/20, 1940 Lee Johnson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-12-, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10-, 1940, to Dec-12-, 1940

I last saw him alive on Dec-11-, 1940 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:

Perforated Peptic ulcer & age.

Date of onset

Other contributory causes of importance: 117

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) A. J. Eriden M. D.

(Address) Dixon, 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.