

REC'D APR 1 1938

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

Do not use this space.

1. PLACE OF DEATH

 68 County Moniteau
 Township Burris Fork
 City (No. St. Ward)

 Registration District No. 214
 Primary Registration District No. 5774B

 File No. 11512
 Registered No. 4
2. FULL NAME John Martin Mc-Carty 263
 (a) Residence, No. Russellville, Mo. 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 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 Lizzie Mc-Carty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17th, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 26

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Russellville (STATE OR COUNTRY) Missouri 013. NAME Michel Mc-Carty 014. BIRTHPLACE (CITY OR TOWN) Jefferson City, (STATE OR COUNTRY) Missouri 115. MAIDEN NAME Anna Murphy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.17. INFORMANT Mrs. Robert Vermels (ADDRESS) Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Enloe Cem. DATE Mar. 15th, 193819. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.20. FILED Mar. 15 1938 Wm. Mabel Barlow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13th, 1938 1922. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1938, 19, to Mar. 13, 1938, 19.I last saw him alive on Mar. 11, 1938, 19. Death is said to have occurred on the date stated above, at 3-45 A.M.

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

Lobar PneumoniaDate of onset
Mar. 1
1938Other contributory causes of importance: 108-Acute MyocarditisMar. 13
1938

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) Walter L. Leslie M. D.(Address) Russellville Mo.

1938

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 4 1945