

Apr 24 1936

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

Do not use this space.

12204

1. PLACE OF DEATH

County St. Francois
Township Marion
City R.F.D. #1 Bonard Mo.

Registration District No. 775
Primary Registration District No. 6022

File No.
Registered No. 15
St. Ward)

2. FULL NAME

Marshall Bryant McCarty
(a) Residence, No. R.F.D. #1 Bonard Mo. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Maggie McCarty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1871

7. AGE YEARS 64 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) St. Genevieve, Missouri

13. NAME Bone McCarty

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

15. MAIDEN NAME Jane McCannick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Missouri

17. INFORMANT (ADDRESS) Claude McCarty R.F.D. #1 Bonard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marian Chapel DATE May 7, 1936

19. UNDERTAKER (ADDRESS) Greenham Ford Co Bonneyville Mo

20. FILED March 7, 1936 H. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. HEREBY CERTIFY, That I attended deceased from Feb 11, 1936 to March 5, 1936. I last saw him alive on Feb 22, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Chronic myocarditis Date of onset

Other contributory causes of importance: Chronic nephritis

Name of operation Date of What test confirmed diagnosis Phys. ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19X Where did injury occur? X (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 X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Chronic (Sign) Bonard Mo, M. D. (Address) Bonard 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.

