DEC 27 1928

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

Do not use this space.

37250

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township — Primary Registration District No. 3010 — Registered No.

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME James J. Daugherty

(a) Residence. No. 514 W Chestnut Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 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: June Daugherty

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 26-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	11	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage Mo.

PARENTS

10. NAME OF FATHER: James F. Daugherty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

12. MAIDEN NAME OF MOTHER: Susan McFlannery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: Mrs June Daugherty (Address) Carthage Mo

15. FILED 11/20, 1928 C. M. Kelsham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to Nov 16, 1928 that I last saw him alive on Nov 16, 1928, and that death occurred, on the date stated above, at 1:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic (?) Nephritis

1290

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cerebral Haemorrhage

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David Hise, M. D

, 19 (Address) Carthage Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Park Cemetery — DATE OF BURIAL: 11-19 1928

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage

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.