To Rodes

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

Do not use this space.

9141

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No. 28
Township Richland — Primary Registration District No. 6670 — Registered No.
City Sikeston (No. ..... St. ..... Ward)

2. FULL NAME Ida Lu Daugherty
(a) Residence. No. ..... 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: Female
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: Robert Daugherty

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31 1874

7. AGE: Years 54 — Months 2 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Horse
(STATE OR COUNTRY): Ark

PARENTS
10. NAME OF FATHER: Matthew Garner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Stoddard Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): .....

14. INFORMANT: Robert Daugherty
(Address): Sikeston Mo

15. FILED 2/10/29 Walter E Dennis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Feb 4, 1929, that I last saw her alive on Feb 1, 1929, and that death occurred, on the date stated above, at 9:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of womb
(duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Saw her first Dec 15 1928
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L O Rodes, M. D
2/4, 1929 (Address) Sikeston 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: Morley — DATE OF BURIAL: 2/5 1929

20. UNDERTAKER: H Welsh Sikeston — ADDRESS: 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.

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