

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

Do not use this space
27808
3500

1. PLACE OF DEATH

County Jackson
Township Wear
City Kansas City (No. Kansas City Genl Hosp. St. _____ Ward)

Registration District No. 330
Primary Registration District No. 1002

File No. _____
Registered No. _____

2. FULL NAME

Dan Dougherty

(a) Residence, No. 2314 E. 18th St. 11 Ward.

(Usual place of abode) 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 61

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Second Hand Furniture Business
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Business
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles Dougherty

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

12. MAIDEN NAME OF MOTHER Isabelle Pool

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

14. INFORMANT Reverend Clerk (Address) K.C. Gene Hosp.

15. FILED 8/16/29 1929 M. M. Crowe REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-15 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-14 1929 to 8-15 1929 that I last saw him alive on 8-15 1929 and that death occurred, on the date stated above, at 11:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia due to chronic nephritis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage and Arterio Sclerosis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 1290

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chem & med + Autopsy

(Signed) P. E. Williams M. D.

8-15 1929 (Address) Subst 700 C. Gene Hosp.

*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 Woodlawn DATE OF BURIAL Aug 17-1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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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