

OCT 30 1930

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

Do not use this space.

30469

1. PLACE OF DEATH

County Mason
Township La Plata
City La Plata

Registration District No. 532
Primary Registration District No. 5711

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Alice Aline Daugherty

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE A.
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) 3/31-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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) Adair Co. Mo.

10. NAME OF FATHER Mike Daugherty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Mo.

12. MAIDEN NAME OF MOTHER Minnie Logan

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

14. INFORMANT Mike Daugherty
(Address) La Plata, Mo.

15. FILED 9/16, 1930 C. H. Buxsey
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1930, to Sept. 16, 1930, that I last saw him alive on Sept. 15, 1930, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12013
Simple Meningitis.
acute Gastro-Enteritis.
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) NO
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT A PLACE OF DEATH at Place of death

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None.
(Signed) H.O. Newton, M. D.

9/16, 1930 (Address) La Plata

*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 New Harmony DATE OF BURIAL 9/16 1930

20. UNDERTAKER J. R. Easley ADDRESS Brushy

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.

