STANDARD CERTIFICATE OF DEATH

Division of Vital Statistics
STATE OF IOWA
36935

1 PLACE OF DEATH

County Nodaway State: ~~IOWA~~ Mo. Registered No. 21

Township Independence or Village Reg Dist 626 or

City 8 mi. from Hopkins No. , Primary 5828 St., Ward

(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2 FULL NAME Charles W. Doughtery

(a) Residence. No. farm St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Doughtery

6 DATE OF BIRTH (month, day, and year) Aug 8-1868

7 AGE Years	Months	Days	If less than 1 day, hrs. or min.
62	2	29	

OCCUPATION

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) Hopkins
(State or country) Mo.

FATHER

13. NAME Joshua Doughtery

14. BIRTHPLACE (city or town) Ind.
(State or country)

MOTHER

15. MAIDEN NAME Helen Muck

16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMANT Albert Doughtery
(Address) Hopkins, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Place Hopkins, Mo. Date Nov 8, 1930

19. LICENSED EMBALMER A. L. Stithem No. 2658
(Address) Bedford, Ia.

20. FILED Nov 10, 1930 Hiram Day Registrar.
Dec. 10-1930. C. P. Fryell M.E.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 7, 1930

22. I HEREBY CERTIFY, That I attended deceased from Mch, 1930 to Nov 7, 1930

I last saw him alive on 11/6, 1930, death is said to have occurred on the date stated above, at 5:30 P.m.

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

	Date of onset
Intracranial hemorrhage (most likely in medulla)	11/7/30
74a1	

Contributory causes of importance not related to principal cause: Arteriosclerosis + hypertension 1920

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased,
If so, specify

(Signed) C W Kirk M. D.
(Address) Hopkins, Mo.

(OVER)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instructions on back of certificate.

BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U.S.?_____. If so give name of War_____

I, _____ Licensed Embalmer No._____ hereby certify that the body recorded on the reverse side of this certificate was embalmed by_____ L. E. No._____ or by_____ Registered apprentice No._____ working under my personal supervision.

Signed_____

Licensed Embalmer No._____

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).