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

Do not use this space.

39306

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 4881
City Kansas City (No. 3340 Virginia St. Ward)

2. FULL NAME Thos Wm Doherty.
(a) Residence. No. 3340 Virginia St., 13 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ora Barrett Doherty Feb. 1915

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 1879

7. AGE: YEARS 51 — MONTHS 6 — DAYS 3 — If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Business
(c) Name of employer: 215 Lathrop Bldg

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

PARENTS
10. NAME OF FATHER: Thos. Jefferson Doherty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): think Mo.
12. MAIDEN NAME OF MOTHER: Zurilda Miranda Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): think Mo.

14. INFORMANT: Helen Doherty
(Address) 3340 Virginia

15. FILED 12/2, 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortitis
99B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M Hall, M. D.
12/2, 1930 (Address) Deputy Coroner

*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: Thayer Mo. — DATE OF BURIAL: Dec. 3 1930.

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: K. C. 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.