WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7803

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2173

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 3331 Union Blvd St. ..... Ward)

2. FULL NAME Edward D Dougherty

(a) Residence. No. ..... St., 6 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Emma D. Dougherty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31-1886

7. AGE: Years 44 Months 5 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brick Layer 26

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Dougherty

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

12. MAIDEN NAME OF MOTHER Mary Smith

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

14. INFORMANT Mrs Emma D Dougherty
(Address) 3331 Union Blvd

15. FILED FEB 18 1931 19..... Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1929, to Febr. 17, 1931, that I last saw him alive on Feb. 14-1931, 19....., and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

(duration) 1 do not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 1 do not know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1 do not know.

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum. Urine.

(Signed) Jerome Fulenker, M. D

2/17, 1931 (Address) 3606 Gravois Av.

*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: Calvary Cemetery

DATE OF BURIAL: 2/20 1931

20. UNDERTAKER: Arthur J Donnelly Undt Co

ADDRESS: 2039 Wash St

Ana