

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.

AUG 29 1931

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

Do not use this space.

27288

1. PLACE OF DEATH

County St. Louis
Township Linn
City (No. _____) _____

Registration District No. 842
Primary Registration District No. 6259

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Elnora Daugherty

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 8 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1891

7. AGE YEARS 40 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) (STATE OR COUNTRY) Barryes Md

13. NAME R H Priest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fry

15. MAIDEN NAME Martha Jane Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barryes Md

17. INFORMANT Ray Daugherty (ADDRESS) 1212 E. 12th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 7-13-31

19. UNDERTAKER (ADDRESS) W H Miller 1212 E 12th St

20. FILED 7/13 1931 Miss Ethel D. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-31

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1930 to 7-13 1931

I last saw him alive on 7-12 1931. Death is said to have occurred on the date stated above, at 2 a m.

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

Pulmonary Tuberculosis Date of onset 10-31
23A

Other contributory causes of importance: 53

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) JCR Dwyer _____ M. D.

(Address) Crocker 2100



11/11/11