

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Mary's Infirmary - 1536 Papin**)

File No. **42266**
 Registered No. **12153**
 St. Ward)

2. FULL NAME

Harry Dougherty
 (a) Residence, No. **7537 Woodland** St. **Maplewood** Ward **2A**
 (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 Eva Dougherty		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1881		
7. AGE YEARS 50	MONTHS 7	DAYS 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman		11. Total time (years) spent in this occupation 20 yrs.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D. & W. R. R.		
10. Date deceased last worked at this occupation (month and year) Nov. 1929		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PENNSYLVANIA**

FATHER 13. NAME **GAYLORD Dougherty**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PENNSYLVANIA**

MOTHER 15. MAIDEN NAME **GEORGIE ANN Vincent.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PENNSYLVANIA**

17. INFORMANT **Mrs. Eva Dougherty**
 (ADDRESS) **7537 Woodland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Dec. 7 - 1931**

19. UNDERTAKER **Croghan Und. Co., Inc.**
 (ADDRESS) **7146 Manchester Ave.**

20. FILED **DEC - 7 1931**
Ray C. Warkentin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 4** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **11-25-1931**, to **12-4-31**, 19**31**
 I last saw him alive on **12-4-31**, 19**31** Death is said to have occurred on the date stated above, at **10:45** m.
 The principal cause of death and related causes of importance were as follows:

**Chn. Myocarditis with Decompensation & Cardiac Dilatation
 Pulmonary Congestion
 Acute Arteriosclerosis
 Anterior Arteriosclerosis**
 Other contributory causes of importance:
**Pulmonary Congestion
 Acute Arteriosclerosis
 Anterior Arteriosclerosis**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **W. J. H. ...** M. D.
 (Address) **1536 Papin St.**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

