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.

APR 21 1932

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

Do not use this space.

3804

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 155
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Henry O. Dougherty,
(a) Residence, No. 2210 Agency Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 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: Dora B. Dougherty,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 5, 1852
7. AGE: YEARS 79 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, 93
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 95
10. Date deceased last worked at this occupation (month and year) 1894
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erie, Pennsylvania, 2

FATHER
13. NAME: John Dougherty,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ireland, 15

MOTHER
15. MAIDEN NAME: Sarah Wood,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania, 2

17. INFORMANT (ADDRESS): Mrs. H. O. Dougherty 2210 Agency Road.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora (Vault) DATE Feb'y. 19 1932
19. UNDERTAKER (ADDRESS): Heaton Bigelow & Bowman 319 S. 10th. St. Funeral Home
20. FILED FEB 18 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 17, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932 to Feb 17, 1932
I last saw him alive on Feb 17, 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Arteriosclerotic Myocarditis chronic	unknown
93 C	
Other contributory causes of importance: Arteriosclerosis general	unknown
1	

Name of operation none 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? no
If so, specify
(Signed) H. W. Carle, M. D.
(Address) 301 B. S. Bldg