

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

Do not use this space.

28539

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Missouri Methodist Hospital, Poplar Ward

2. FULL NAME

(a) Residence, No. 810 Poplar St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 31 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Dougherty

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr 23 1868

8. AGE YEARS 64 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) Sept 5, 1932 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Nebraska

13. NAME Hugh Dougherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Up Knopish, Ireland

15. MAIDEN NAME Ellen Mcardle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Up Knopish, Ireland

17. INFORMANT (ADDRESS) Mrs. Louisa Dougherty, St. Joseph, Mo. R# 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Sept 20, 1932

19. UNDERTAKER (ADDRESS) E. P. Pidenbader, 602 So. 10th St.

20. SEP 19 1932 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 4 1932 to Sep 17 1932
I last saw him alive on Sep 17 1932. Death is said to have occurred on the date stated above, at 10 P.M.

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

Acute Appendicitis
121B
129
121

Date of onset Aug 27, 1932

Other contributory causes of importance:

General Peritonitis

Name of operation resection for abdominal drainage Date of Sept 4, 1932
What test confirmed diagnosis? carc test 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? No
If so, specify _____

(Signed) Albert E. Holley M.D.

(Address) 822 Edmond St. Joseph, Mo

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.

