

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

Do not use this space.

40840

1. PLACE OF DEATH  
 73 County Newton Registration District No. 609  
 3 Township \_\_\_\_\_ Primary Registration District No. 4363  
 4 City Neosho (No. 500 W Spring) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jack Thornton Daugherty  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 119  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 7 6 27

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

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) Neosho (STATE OR COUNTRY) Mo

FATHER 13. NAME Horace Daugherty

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Cora Parks

16. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Horace Daugherty (ADDRESS) Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayden Green Cem DATE 12/17/32

19. UNDERTAKER Berkman's (ADDRESS) Neosho Mo

20. FILED 12/20/32 C. E. Mansley Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to Dec 16 1932  
 I last saw him alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

acute endocarditis  
11/13  
 Other contributory causes of importance: Asphyxia  
11/7/32

Name of operation Asphyxia Date of 11/8/32  
 What test confirmed diagnosis? Pray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? No (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Queladale M. D.  
Neosho Mo (Address)

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.

MO 2-7-1933

