

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

Do not use this space.

1. PLACE OF DEATH  
 33 County Dent Co. Registration District No. 266  
 Township Franklin Primary Registration District No. 5873  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ada Edna Daugherty  
 (a) Residence, No. \_\_\_\_\_, Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

22728

File No. \_\_\_\_\_  
 Registered No. 43

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Grover Daugherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 3 28

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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933

22. I HEREBY CERTIFY That I attended deceased from July 16, 1933, to July 23, 1933  
 I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 7 P.M.

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

Cardio-vascular  
Renal Disease 1931.

Other contributory causes of importance:

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? No  
 If so, specify \_\_\_\_\_

(Signed) Wm. H. Rudd M. D.  
 (Address) Sakur Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

FATHER 13. NAME Gilbert Pruitt  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo.

MOTHER 15. MAIDEN NAME Jessie Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

17. INFORMANT Mrs Gilbert Pruitt  
 (ADDRESS) Shannon Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Green Forest Cem DATE July 25, 1933

19. UNDERTAKER N. G. Hobson  
 (ADDRESS) Gateways Mo

20. FILED 7/28 1933 W. C. Rudd M. D.  
 Registrar.

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 22 1933

235

220  
220

151.

Handwritten signature or text, possibly "J. S. ...".