

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

Do not use this space.

**23077**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City K.C. Mo. (No. 4010, Locust) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2773  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John C. Dougherty

(a) Residence, No. 4010 Locust St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. moa. ds. (If nonresident, give city or town and State)

**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 Annie Dougherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
46 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman,  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Yards, Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Rut Dougherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Ella Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Annie Dougherty  
4010 Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7/6/53 19. J.

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc.

20. FILED July 5 1953 M. M. Corove  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1953

22. I HEREBY CERTIFY, That I attended deceased from July 3 1953 to July 4 1953  
I last saw him alive on July 4 1953 Death is said to have occurred on the date stated above, at 10 AM

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

Septicemic infection of nose and face Date of onset 4/23  
g.B.  
g.B.  
Other contributory causes of importance: g.B. 4/23  
g.B.  
g.B.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Carl Jackson, M. D.  
(Address) 507 1/2 Main St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Carl Gustav