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.

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

Do not use this space.

File No. 25171

Registered No. 6595

1. PLACE OF DEATH

County ..... Registration District No. 7981

Township ..... Primary Registration District No. 7981

City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave. St. 10 Ward)

2. FULL NAME Frank P. Dougherty

(a) Residence, No. 6910 Nashville, Ave., St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	4	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Dougherty

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Kate Toban

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

17. INFORMANT Green Pinkston
(ADDRESS) U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE August 1, 1933

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 4710 N. Grand Blvd

20. FILED JUL 31 1933, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, 19, to July 29, 1933, 19

I last saw him alive on July 29, 1933, 19. Death is said to have occurred on the date stated above, at 11:45 AM

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

	Date of onset
Tuberculosis, Pulmonary bilateral	one year from history.
23A 23	

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following No

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) W. L. Corey, M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

Certified: W. L. rather. med. off. charge

Medical Board, U.S. Marine Hospital, St. Louis, Mo.

Medical Board, U.S. Marine Hospital, Detroit, Mich.

Medical Board, U.S. Marine Hospital, Chicago, Ill.

Medical Board, U.S. Marine Hospital, San Francisco, Cal.

Medical Board, U.S. Marine Hospital, Boston, Mass.

Medical Board, U.S. Marine Hospital, Baltimore, Md.

Medical Board, U.S. Marine Hospital, Norfolk, Va.

Medical Board, U.S. Marine Hospital, Savannah, Ga.

Medical Board, U.S. Marine Hospital, New Orleans, La.

Medical Board, U.S. Marine Hospital, Galveston, Tex.

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Medical Board, U.S. Marine Hospital, Manila, P.I.

Medical Board, U.S. Marine Hospital, San Juan, P.R.

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