

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

Do not use this space.

**PLACE OF DEATH**

County Franklin Registration District No. 294  
 Township Central Primary Registration District No. 5409B  
 City Marionville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39691  
 Registered No. 48

2. FULL NAME William Joseph Daugherty  
 (s) Residence, No. Marionville 296 St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. . mos. . ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>		
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) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Conscious Daugherty</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville, Mo</u> DATE <u>12/27</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>St. Elizabeth</u>		
20. FILED <u>12-26</u> 19 <u>33</u> <u>Carl E. Johnson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-8-33 to 12-27-33  
 I last saw him alive on 12-27-33 Death is said to have occurred on the date stated above, at 2:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
 Other contributory causes of importance \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. Kitefill \_\_\_\_\_, M. D.  
 (Address) St. Clair Ave

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.

61934  
 516  
 211

Date of onset  
12/27/33

