

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Madway
Township Lincoln
City (No.) St. Ward

Registration District No. 5823-621
Primary Registration District No. 6215-995

File No. 5907
Registered No.

2. FULL NAME

Susan Jane Daugherty
(a) Residence, No. 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. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walborn Daugherty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 - 1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>8</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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) <u>Jan 2 1934</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willsburg Kentucky
Washington Co

13. NAME Wallison Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willsburg Kentucky
Washington Co

15. MAIDEN NAME Armande Suttan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willsburg Kentucky
Washington Co

17. INFORMANT Mrs Ed Horn
(ADDRESS) Clement No

18. BURIAL, CREMATION, OR REMOVAL
PLACE 100 F City DATE Feb 27 1934

19. UNDERTAKER Payce & Horn
(ADDRESS) Edmo mo

20. FILED Feb 27 1934 Clark D Horn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from

Navy 16, 1934, to Feb 12 1934
I last saw h. alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 11:30 am.

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

Tuberculosis
2-3 years
Date of onset Several
years

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

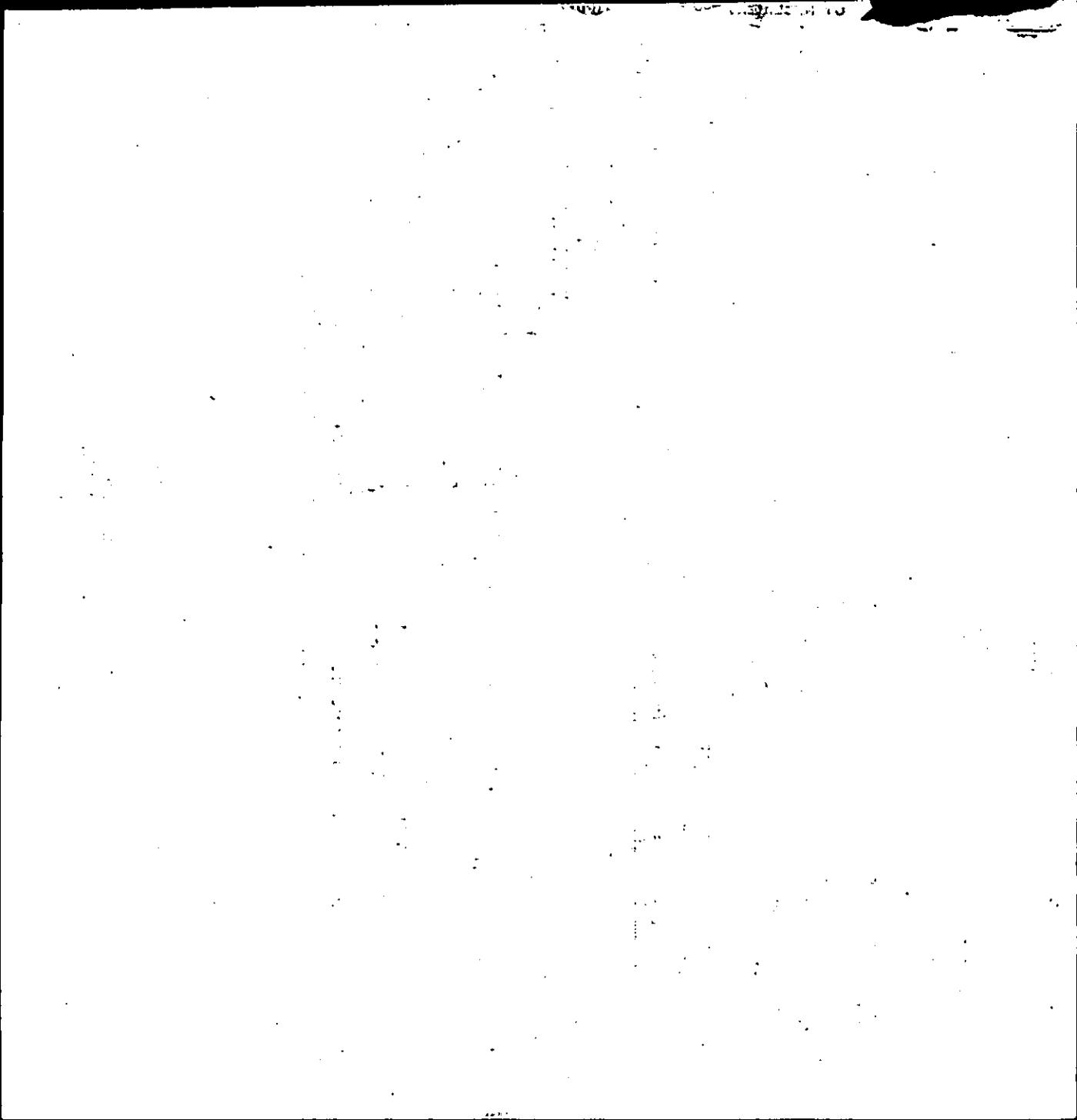
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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) A. W. Davis M. D.
(Address) College Springs Ia



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madaway Registration District No. 621
Township Luce Primary Registration District No. 5823
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Feb 27, 19 1934 Clara D. Han Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Tuberculosis Pulmonary
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) A. M. Davis M. D.
(Address) College Camp

SUPPLEMENTARY

A FEE FOR CERT. COPIES UNTIL THEY ARE COMPLETED

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