

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

Do not use this space.

1. PLACE OF DEATH

County Chelms
Township
City Newburg (No. 1111)

Registration District No. 676
Primary Registration District No. 5899

File No. 13819
Registered No. 7
St. _____ Ward _____

2. FULL NAME Anna Maria Daugherty

(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

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 OR (OR) WIFE OF Overstreet Daugherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 3

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

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) Missouri

13. NAME Alexander Delich Smith

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

15. MAIDEN NAME Mary Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Gella Daugherty

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo DATE Apr 11 1934

19. UNDERTAKER L. Johnson Newburg Mo (ADDRESS)

20. FILED 4-10-34 1934 B.T. Smith Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 2 W 1934 to Apr 9 1934

I last saw her alive on April 9 1934 Death is said to have occurred on the date stated above, at 1304 m.

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

Cerebral Hemorrhage Date of onset 62A

Other contributory causes of importance [Signature]

Name of operation none 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 _____, 1934

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) R. E. Brewer, M. D.

(Address) Newburg Mo

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.

JUN 25 1934

WHITE PLAINLY, WITH OUTFRONTING INFORMATION

