

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.

JUN 22 1934

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Union
City (No.)

Registration District No. 369
Primary Registration District No. 5515

File No. 16505
Registered No. 7
St. Ward)

2. FULL NAME

Jean Elayne Dougherty
(a) Residence, No. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jan. 14 - 1934</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14 - 1934</u>	7. AGE YEARS MONTHS DAYS <u>3 16</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>Child of farmer</u>	11. Total time (years) spent in this occupation.....
	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).....	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Mo.</u>	
FATHER	13. NAME <u>John Dougherty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Craig Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Helen Blonkers</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Dougherty</u> <u>Craig, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Good Cemetery</u>	DATE <u>May 2 1934</u>	
19. UNDERTAKER (ADDRESS) <u>H. H. Scholer</u> <u>Union, Mo.</u>		
20. FILED <u>5-1-</u> 1934	<u>J. Davis</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30 1934, to May 1 1934
I last saw him alive on April 30 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Congenital Hydrocephaly Date of onset 1934
(Hydrocephalus)
157A
Other contributory causes of importance:
157A

Name of operation..... Date of operation.....
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?.....
If so, specify.....
(Signed) J. Davis M. D.
(Address) Craig, Mo.

