NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 35246
Township Primary Registration District No. 1001 Registered No. 1129
City St. Joseph, (No. 3101 South 29th. St. Ward)

2. FULL NAME George E. Daughters,
(a) Residence, No. 3101 So. 29th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel Daughters,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 11, 1890
7. AGE: YEARS 43, MONTHS 11, DAYS 25; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney At Law,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office,
10. Date deceased last worked at this occupation (month and year) October 1934
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Gill S. Daughters,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Indiana,

MOTHER
15. MAIDEN NAME: Cora Rowley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisana, Missouri,

17. INFORMANT (ADDRESS): Don R. Daughters 728 South 10th Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Oct. 8th. 1934
19. UNDERTAKER (ADDRESS): Heaton - Bergale & Bowman 319 So. 10th. Street, Tuxedo Home
20. FILED 16 8 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 6th. 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1934, to Oct 6th, 1934
I last saw him alive on Oct 6th, 1934 Death is said to have occurred on the date stated above, at 9:55a m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia of both lungs — 108 122A 120B 108
Date of onset
Other contributory causes of importance: Nephritis & Bath preceded the Enteritis & Pneumonia
Name of operation none — Date of ✓
What test confirmed diagnosis? physical 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? No (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) B B Simmons, M. D.
(Address) St Joseph 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.

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