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.

NOV 13 1934

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

Do not use this space.

35979

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1004
(No. 3710 East 23rd St. Ward)
File No.
Registered No. 1480

2. FULL NAME Georgia Lee Dougherty
(a) Residence, No. 1700 Summitt 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1919

7. AGE 15 YEARS MONTHS DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Anthony's Baby Home
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) Kansas City Mo

FATHER
13. NAME Edward E. Dougherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn Iowa

MOTHER
15. MAIDEN NAME Laura McClelant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

17. INFORMANT (ADDRESS) Edward Dougherty 1700 Summitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery Cemetery DATE Oct 8 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W Linwood

20. FILED Oct. 7 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to Oct 7, 1934
I last saw her alive on Oct. 7, 1934. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Staphylococcus septicemia

Date of onset Sept 15th

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? No 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 B Sinclair Jr., M. D.
(Address) 1103 Grand Avenue

Dr. A. B. Sinclair
Argyle Bldg.

E. G. Dougherty
1700 Summit

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: — Primary Registration District No.: 1002
City: Kansas City (No. ..... St. ..... Ward)

File No.:
Registered No.: 4480

2. FULL NAME: Georgia Lee Dougherty
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): S

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

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

7. AGE: Years 15 — Months 0 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 10/7 1934 M. M. Corrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1934, to Oct 7th 1934
I last saw her alive on Oct 7 1934. Death is said to have occurred on the date stated above, at 1 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct. 1st
Bilateral Cavitation	Sept. 26th
Pulmonary Tuberculosis	
Other contributory causes of importance:	
(Pregnancy - (at term) Premature (30 days previously)	Sept. 2nd

Name of operation: 0 Date of: 0
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. B. Sinclair M.D., M. D.
(Address) 1103 Grand ave

SUPPLEMENTARY

FEB 7 1935

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