

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

Do not use this space.

SEP 23 1935

26984

1. PLACE OF DEATH

County Mason Registration District No. 537
Township Johnston Primary Registration District No. 5712
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Fannie May 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Mason Co. Mo.

13. NAME Joe A. Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Mo.

15. MAIDEN NAME Lizzie Easley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Mo.

17. INFORMANT M. S. Daugherty
(ADDRESS) W. State Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mrs. Harmony DATE Aug. 6, 1935

19. UNDERTAKER F. R. Easley
(ADDRESS) Washington Mo.

20. FILED Aug 7, 1935 Dr. O. B. Hoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Aug. 4, 1935
I last saw her alive on July 35, 1935. Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:
Hypertension

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) C. H. Buckley, M. D.
(Address) W. State Mo.

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.

