

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

Do not use this space.

**FEB 20 1936**

1645

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Waverly Primary Registration District No. 1202  
 City R.I. Mo. (No. St. Marys Hospital St. 499 Ward)

**2. FULL NAME**

Margaret Daugherty  
 (a) Residence, No. 6514 East N.C. Hwy. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hughes Daugherty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 - 1854</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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>Missouri</u>		
13. NAME <u>Thomas Burr</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Nettie Wmland 2503 East, N.C. Hwy.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Wash</u> DATE <u>Jan - 31 - 36</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Garter 418 Franklin Ave</u>		
20. FILED <u>1-31-1936</u> <u>M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 29 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1936, to 1-29, 1936.  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance were as follows:  
Local Pneumonia  
 Other contributory causes of importance:  
Influenza

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) J. J. Crowe, M. D.  
 (Address) 1215 E. Caldwell St.

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.

~~Dr. J. P. ...~~  
W. L. ...

~~200 3828~~

2-4-  
J. P. ...

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