

MAY 23 1936

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

Do not use this space.

16158

1. PLACE OF DEATH

County New MadridRegistration District No. 604Township KeweenawPrimary Registration District No. 5802City Keweenaw

(No.)

St.

Ward)

2. FULL NAME Ethel 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Daugherty7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1892-1-14

8. AGE

YEARS

44

MONTHS

3

DAYS

16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

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) Evansburg Ky.13. NAME Unk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk15. MAIDEN NAME Unk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk17. INFORMANT (ADDRESS) John A. Daugherty
Keweenaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Illmo. MoDATE May 1193619. UNDERTAKER (ADDRESS) Richards and Co.
New Madrid Mo20. FILED 5/21936MoUnkO'ConnellUnk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 193622. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 30, 1936

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho PneumoniaOther contributory causes of importance: 107 a

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

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) Claude M. Bowen, M. D.(Address) Marston, Mo

