

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.

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

Do not use this space.

MAY 20 1936

18994

1. PLACE OF DEATH

County Dade
Township Central
City Greenfield Mo. (No.)

Registration District No. 237
Primary Registration District No. 4104

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Georgia Hall Daughtry</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19 - 1913</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>11</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common labourer</u>			
	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) <u>So. Greenfield Mo.</u>				
FATHER	13. NAME <u>Perry Daughtry</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Nellie Kidd</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Mo.</u>			
17. INFORMANT <u>Mrs. Helen Perlati</u> (ADDRESS) <u>Greenfield Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Daughtry Cem.</u> DATE <u>May 6 1936</u>				
19. UNDERTAKER <u>J. W. Ward</u> (ADDRESS) <u>Greenfield Mo.</u>				
20. FILED <u>19</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

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

to have occurred on the date stated above, at 11..... a.m.

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

Was killed by an explosion of dynamite in one body it and was unable to get any evidence as to just what happened

Other contributory causes of importance:

There was no inquest

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-4, 1936

Where did injury occur? 6 miles north Greenfield Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. A. Wren Cropper, M. D.
(Address) Jackwood Mo.

Registrar.

