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.

JAN 25 1937

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

Do not use this space.

45933

File No. 14

Registered No. 1417

1. PLACE OF DEATH

County Ripley Registration District No. 759

Township Union Primary Registration District No. 5997

City ..... No. ..... St. ..... Ward)

2. FULL NAME Winfield Scott Doherty

(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 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12-1852

7. AGE: Years 84 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Self

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Beardstown Tennessee

FATHER

13. NAME Wm. F. Doherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Nancy A. Cude

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Frank Doherty Doniphan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 12/5-36 19

19. UNDERTAKER (ADDRESS) Jordan & Doniphan

20. FILED 12-4 1936 C. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to December 3, 1936

I last saw him alive on October 1, 1936. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

	Date of onset
Uremia.	

Other contributory causes of importance:

Chronic Bright's disease and Hypertension.

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

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. E. Williams, M. D.

(Address) Doniphan, Mo.