

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Epps
City (No., St. Ward)

Registration District No. 980
Primary Registration District No. 5192

File No. 5251
Registered No.

2. FULL NAME Margaret Ann Daughhette

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Daughhette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 17

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

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) Texas County Missouri

13. NAME David Hancocks

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

15. MAIDEN NAME A. Blair

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

17. INFORMANT Joel Daughhette
(ADDRESS) Butler County, Missouri

18. BURIAL OR CREMATION PLACE Scott cemetery
Carter Co. Mo. DATE Feb. 5, 1937

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 2/5 1937 M L Caldwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 to 2-4, 1937

I last saw her alive on 1-3-37, 1937. Death is said to have occurred on the date stated above, at 2:50 A. M.

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

Mitral insufficiency
Chronic Myocarditis

Other contributory causes of importance: Semility 920

Name of operation Date of operation
What test confirmed diagnosis? 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
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? no
If so, specify
(Signed) J. H. Blair, M. D.
(Address) Poplar Bluff 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.

