

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township First Oak
City Chilhowee Mo (No. _____)

Registration District No. 420
Primary Registration District No. 725-6-10-10-10-10

File No. 12342
Registered No. 430
St. _____ Ward _____

2. FULL NAME

Sarah Gertrude Daugherty
(a) Residence, No. Chilhowee Mo 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Daugherty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 - 1895</u>		
7. AGE	YEARS	MONTHS
<u>42</u>	<u>51</u>	<u>10</u>
		DAYS
		<u>19</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>Housewife</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 <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chilhowee Mo</u>		
FATHER	13. NAME <u>Isaac D Albin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Mammie Maston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chilhowee Mo</u>	
17. INFORMANT (ADDRESS) <u>James Daugherty Chilhowee Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shiloh Cem</u> DATE <u>Mar 21 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Frank E. McKernan Chilhowee Mo</u>		
20. FILED <u>April 9 1937</u> <u>Annel Reynolds</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937 to Mar 16 1937
I last saw her alive on Mar 16 1937. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:
Infection streptococci followed by dysentery and developed Colicystitis and cerebrocistitis acute
Date of onset _____

Other contributory causes of importance:
5

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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? no
If so, specify _____
(Signed) J. S. Beatty, M. D.
(Address) Chilhowee Mo

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.

