

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 100
City St Joseph (No. State Hosp #2)

File No. _____
Registered No. 538
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Craig Mo. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 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 Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 5 15

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.
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) Dawson Neb.

MOTHER 13. NAME Wm Henry Harrison Daugherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Suzanna O'Dell

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

17. INFORMANT State Hosp #2 Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital Cemete May 7 1937

19. UNDERTAKER Walter Moelichoff
(ADDRESS) 1302 Fernon St. St. Jos Mo.

20. FILED May 7 1937 W. J. Moelichoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 1937 to May 5 1937
I last saw him alive on May 5 1937 Death is said to have occurred on the date stated above, at 4:49 pm.

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

Hypertensive heart disease plus
Other contributory causes of importance: General Arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) E. C. DeLong M. D.
(Address) State Hosp #2

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.

