

JUN 2 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20160

1. PLACE OF DEATH

County HenryRegistration District No. 347Township ClintonPrimary Registration District No. 3018City Clinton (No.)File No. Registered No. St. Ward

2. FULL NAME

Marceline Maudie Daugherty(a) Residence, No. 519 S. 4th St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 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

Mary E. Daugherty

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

1-2-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7853

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

life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington, Mo.

FATHER

13. NAME

James M. Daugherty

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

Ky.

MOTHER

15. MAIDEN NAME

Sarah Jane Boone

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

Virginia

17. INFORMANT (ADDRESS)

James Daugherty, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coke Creek Cemetery DAY 6-6 1937

19. UNDERTAKER (ADDRESS)

Fred Wilkinson, Clinton, Mo.

20. FILED

June 7, 1937 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 3, 1937, to June 4, 1937I last saw him alive on June 4, 1937 Death is saidto have occurred on the date stated above, at 5:15 p.m.

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

Age, morbid of Stomach Date of onset 1937Other contributory causes of importance arterial SclerosisName of operation Date of What test confirmed diagnosis? Was there an autopsy?

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? noIf so, specify (Signed) J. R. Hampton M. D.(Address) Clinton, Mo.

