

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 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 176
Township Canaan Primary Registration District No. 5244
City (No.) St. Ward

File No. 45053

Registered No. 8

2. FULL NAME

Nellie Eileen Daugherity

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 27

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

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) Chariton Co Mo.

13. NAME Amos Daugherity

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo.

15. MAIDEN NAME Aranda Hanna

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

17. INFORMANT Amos Daugherity
(ADDRESS) Sumner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeside DATE 12/28 1937

19. UNDERTAKER S. L. Leibard
(ADDRESS) London Mo.

20. FILED 12/28 1937 A. L. Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26/1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Dec 26, 1937

I last saw her alive on Dec 24, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Malignant tumor of left lung Date of onset

Duration about 1 year

Other contributory causes of importance:

Name of operation Date of

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 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) A. L. Lewis, M. D.

(Address) Sumner Mo

