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.

REC'D FEB 21 1939

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

1629
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 27
(c) City St. Joseph, — (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Doughty,
(a) Residence, No. 3119 Renick St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): January 9, 1939
7. AGE: YEARS Stillborn — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child,
9. Industry or business in which work was done, as 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): Saint Joseph, Missouri, 0

FATHER
13. NAME: Franklin O. Doughty, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri, 0

MOTHER
15. MAIDEN NAME: Virginia May Brown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

17. INFORMANT (ADDRESS): Frank O. Doughty, 3119 Renick Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Jan'y 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Neaton-Belsole & Barrow, 319 So. 19th. Str. Funeral Home
20. FILED Jan 10, 1939 A. J. Hestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 9th, 1939
22. I HEREBY CERTIFY, That I attended deceased from January 9, 1939, to January 9, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Autopsy 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? —
If so, specify —
(Signed) [signature], M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.