

REC'D FEB 24 1939

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

2950

Do not use this space.

1. PLACE OF DEATH

(a) County LIVINGSTON Registration District No. 508
(b) Township..... Primary Registration District No. 3026 Registered No. 7
(c) City CHILLICOTHE (d) Street No..... 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 yrs. mos. ds. 1 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY R. DOUGHERTY
(a) Residence, No. 401 POLK 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) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-10-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MINISTER
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 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SLONE - KY13. NAME HANIBAL B. DOUGHERTY14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KY15. MAIDEN NAME MALINDA VAN ZANT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KY17. INFORMANT W. S. DOUGHERTY (ADDRESS) CENTER - KY.18. BURIAL, CREMATION, OR REMOVAL PLACE EDGEWOOD DATE JAN-26 193919. FUNERAL DIRECTOR F. A. MEINER SHAGEN (ADDRESS) CHILLICOTHE MO.20. FILED 1-26-39 DONALD M. DAWELL, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 193922. I HEREBY CERTIFY, that I attended deceased from Dec. 15 1938 to Jan 24 1939I last saw him alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 2:10 P. m.

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

Pneumonia (Lobar) Date of onset Jan 15 1939
10 9

Other contributory causes of importance: Intermittent nephritis yrs. ago.

Name of operation..... Date of.....

What test confirmed diagnosis? Microscopic 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? noIf so, specify..... (Signed) Chillicothe, M. D.(Address) Chillicothe 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH.
 (a) County Lumpkin Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026 Registered No. 7
 (c) City Chillicothe (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME MARIE R. Dougherty
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 79 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) _____
- FATHER 13. NAME _____ 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
- MOTHER 15. MAIDEN NAME _____ 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED 1-26-1939 Donald M. Howell, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-1939
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
- I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
- The principal cause of death and related causes of importance were as follows:
- Date of onset _____
- Other contributory causes of importance: _____
- Name 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? _____
 If so, specify _____
 (Signed) C. M. Grace _____, M. D.
Chillicothe 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

