

MAR 21 1939

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

7378
Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 687
(b) Township Bayon Primary Registration District No. 5807
(c) City or City (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

Ida Helen 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939, to Feb 13 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1939

I last saw him alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

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

Scelus neonatorum
& Pneumonia
Born Prematurely

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. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elyah Mo 0

Other contributory causes of importance: 159

FATHER 13. NAME Charlie Dougherty 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER 15. MAIDEN NAME Ella Rhodes

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

17. INFORMANT (ADDRESS) Charlie Dougherty
Elyah, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Springs DATE 2-14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Beach

20. FILED 3-1 1939 C. A. Beach
Local Registrar.

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. A. Beach, M. D.
(Address) Elyah, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-546

Date Filed MAR 9 1939

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 c
with the above constitutes grounds for revocation of license.)**

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