

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 8-17-39 I X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38664

State File No.

Registration District No. 295

Primary Registration District No. 1002

Registrar's No.

4428

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2612 Charlotte St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community X Week (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sylvester Albert Dougherty

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Dougherty 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 9th, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 8 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business X

12. Name Orval Sylvester Dougherty

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Simms  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Dougherty

(b) Address 2612 Charlotte St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 11 20 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AT MORIAH 11-20-39

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov. 20 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2612 Charlotte  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 th  
year 1939 hour 2:00 minute 1A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Intestinal Coliculus  
(Include pregnancy within 3 months of death)

Major findings Myocardial Degeneration  
Of operation

Of autopsy above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U

While at work? U (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Asselle (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

