

MAILED JUL 9 1940

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

22096

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede 2 Registration District No. 277
 (b) Township Mayfield 0 Primary Registration District No. 5710 Registered No. 7
 (c) City St. Louis (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

John DAUGHTERY
 (a) Residence, No. Laclede County 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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
85 9 28

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

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) 7 yrs ago 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Virginia /

13. NAME Isaac K Daugherty /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Va. /

15. MAIDEN NAME Mary Hooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Va.

17. INFORMANT Verma Swanson
 (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Cemetery DATE 4-27 1940

19. FUNERAL DIRECTOR Urbail Evans
 (ADDRESS) St. Louis Mo.

20. FILED May 17 1940 C. E. Swanson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to April 26, 1940. I last saw him alive on March 2-15, 1940. Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
Arteriosclerosis
87 W

Date of onset

Other contributory causes of importance:

Name of operation None 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? No

If so, specify _____

(Signed) C. E. Swanson, M. D.

(Address) St. Louis Mo

RECEIVED
District Health Officer No. 7,
Date Filed
District File Number 6-40-836
6-20-40

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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