

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

Do not use this space.

32064

1. PLACE OF DEATH

42 County Missouri Registration District No. 347 File No. _____
 4 Township _____ Primary Registration District No. 9018 Registered No. 98-
 7 City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME

William Thompson Dohererty
 (a) Residence, No. 417 5th - 2^d St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Dohererty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1859

7. AGE YEARS 73 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mgr of Business

10. Date deceased last worked at this occupation (month and year) date of death 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Don't know

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

17. INFORMANT Wm Dohererty (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 10-21-1932

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo

20. FILED 10/22 19 32 Ed C Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 19 1932
 I last saw him alive on Oct 19 1932 Death is said to have occurred on the date stated above, at 30 m.

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

acute indigestion & heart failure
1180
118
 Other contributory causes of importance: _____
 Date of onset _____

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) Samuel A. Poppe M. D.
 (Address) Clinton Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOV 2 3 1932

