

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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

Do not use this space.

39842

1. PLACE OF DEATH  
 County Franklin Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton, Mo. (No. Franklin) St. Franklin Ward 1

2. FULL NAME John Joseph Geraughty  
 (a) Residence, No. 514 E. Franklin St. Franklin Ward 1  
 (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.

File No. \_\_\_\_\_  
 Registered No. 9647  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1866

7. AGE YEARS 73 MONTHS 10 DAYS 3  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years, agent in this occupation) \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER  
 13. NAME John Geraughty  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Biger Gray  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas

17. INFORMANT John Geraughty  
 (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Englewood DATE 1-2-33

19. UNDERTAKER Fred Wilkinson  
 (ADDRESS) Clinton Mo

20. FILED 17-31, 1933 J. R. Hooey  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1933

22. I HEREBY CERTIFY, That I have deceased from Dec. 31, 1933, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on Dec. 31, 1933. Death is said to have occurred on the date stated above, at 10:15 AM Dec 30, 1933.  
 The principal cause of death and related causes of importance were as follows:  
Accidental  
caused by being struck by a moving automobile the evening of Dec. 30, 1933.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
210

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Dec 30, 1933  
 Where did injury occur? In Clinton, Mo. on Street Henry Co. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In Public Street

Manner of injury was struck by moving auto  
 Nature of injury shock, fractured skull and ribs

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Jennings, Co. Hy Council  
 (Address) Clinton, Mo. M. D.

An inquest was held Dec 30, 1933

