

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Kirkwood

Registration District No. 785
Primary Registration District No. 6031
(No. Arcadia Ave.)

File No. 13353
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Evert Washington Dougherty

(a) Residence, No. Denny & Arcadia Aves. St. _____ Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Mary Dougherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1896

7. AGE YEARS 40 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm. J. Dougherty

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

15. MAIDEN NAME Francis Severs

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

17. INFORMANT (ADDRESS) Grace Mary Dougherty
Denny & Arcadia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo DATE Feb-28- 1937

19. UNDERTAKER (ADDRESS) Louis N. Papp
Kirkwood, Mo.

20. FILED 2-25- 1937 Agnes Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25- 1937, to Feb. 25- 1937

I last saw him alive on Feb. 25, 1937 Death is said to have occurred on the date stated above, at 10:45AM

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

Cerebral embolismDate of onset 2-25-37

Other contributory causes of importance:

Chronic indigestion8-10 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) [Signature], M. D.
(Address) Kirkwood Mo.

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.

