

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

Do not use this space.

**34985**

16. PLACE OF DEATH  
 1 County Cape Girardeau Registration District No. 125  
 8 Township Cape Primary Registration District No. 3009  
 7 City Cape Girardeau St. St. Mo Hospital Ward) \_\_\_\_\_  
 2 FULL NAME Arch A. Daugherty  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Fruitland Mo  
 (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. 270  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>2</u>	<u>18</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Mill Foreman 37  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lumber industry  
 (c) Name of employer Poirson Lumb. Co.

9. BIRTHPLACE (CITY OR TOWN) Near Jackson 1  
 (STATE OR COUNTRY) R.R. # 10 Mo.

PARENTS

10. NAME OF FATHER Horace Daugherty  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Appleton  
 (STATE OR COUNTRY) Perry Co. Mo.  
 12. MAIDEN NAME OF MOTHER Ann Liden  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Jackson  
 (STATE OR COUNTRY) R.R. # 1 Mo.

14. INFORMANT R.D. Tim Daugherty  
 (Address) Devore Mo

15. FILED 11/12 32 Lockmeyer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-9 1932, to 11-11 1932, and that I last saw him alive on 11-10 1932 and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Nephritis  
hypertension with  
renal regurgitation  
intermittent duration  
 (duration) yrs. mos. ds. 21

18. WHERE WAS DISEASE CONTRACTED ①  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Urinolysis  
 (Signed) George W. Walker M. D.  
11-12 1932 (Address) Cape Girardeau Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Appleton Mo</u> <u>Pocahontas Mo</u>	DATE OF BURIAL <u>Nov. 13, 1932</u>
20. UNDERTAKER <u>Crawford-Willie</u>	ADDRESS <u>Appleton Mo.</u>

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.

