

AUG 14 1940

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

24834
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau 2 Registration District No. 124
(b) Township Byrd Primary Registration District No. 5779 ✓
(c) City New Jackson (d) Street No. _____ Registered No. _____
(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. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

(a) Residence, No. 203 HORACE DAUGHERTY
Frankland Missouri Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Sides Daugherty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1868
7. AGE YEARS 71 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bankkeeper, etc. Farming
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) July 30, 1940
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo

FATHER 13. NAME Sidney Daugherty 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina 0

MOTHER 15. MAIDEN NAME Margaret Driscoll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apples Creek Town, Boone Co Mo.

17. INFORMANT (ADDRESS) Jim Daugherty, Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Apples Creek Church DATE July 31, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Miller, Jackson, Mo.

20. FILED 7-31-40 1940 D. G. Seibert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1940

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Dr. E. P. Trickett examined the body and found the cause of death to be a heart ailment. The patient gave a history of a long illness of a few months at onset.

Other contributory causes of importance: 1820

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 July 30, 1940
Where did injury occur? New Jackson Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell off barn
Nature of injury Non-fatal

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) E. P. Trickett M.D.
(Address) H. S. Trickett, S. Cole, 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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.