

REC'D  
REC'D JAN 6 1938

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

42599  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 126  
 (b) Township St. James Primary Registration District No. 3009  
 (c) City St. James (d) Street No. So. E. Mo. Hospital Registered No. 364  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

2. PRINT FULL NAME MR. Lewis Daugherty

(a) Residence, No. 505 S. Pacific St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Alice Mrs. Mary Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1874

7. AGE YEARS 64 MONTHS 9 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Letter Carrier  
 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)  
 11. Total time (years) spent in this occupation 22 YRS

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

13. NAME Sidney Daugherty

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

15. MAIDEN NAME Margaret Drum

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

17. INFORMANT (ADDRESS) Mr. R. E. Daugherty (son) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE Dec 6th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walters, Ind. Co. Cape Girardeau Mo.

20. FILED 12-4-38 g.m. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1938 to Dec 4 1938

I last saw him alive on Dec 4 1938 Death is said to have occurred on the date stated above, at 1 P.M.

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

Lobar pneumonia  
 Date of onset 11/27-38  
 105

Other contributory causes of importance:

Name of operation None Date of.....  
 What test confirmed diagnosis? None 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? No  
 If so, specify George H. Walker, M. D.

(Signed) George H. Walker (Address) Cape Girardeau 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.

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**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.**