

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

Do not use this space.

508

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township " Primary Registration District No. 2009
 City " (No. ")

File No. _____
 Registered No. 10
 St. _____ Ward _____

2. FULL NAME

Elijah Daugherty

(a) Residence. No. 8 Ward _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Maggie Daugherty</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 14 1853</u> | | |
| 7. AGE <u>75</u> | YEARS <u>9</u> | MONTHS <u>24</u> |
| | | DAY <u>24</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Beath Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER John Daugherty
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Miller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Gir
 (STATE OR COUNTRY)

14. INFORMANT C H M Supton
 (Address) Morley Mo

15. FILED 17 1929
C C Thompson
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929
 17. I HEREBY CERTIFY That I attended deceased from 8/13, 1928 to Jan 7, 1929
 that I last saw him alive on Jan 6, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
131
92H

(duration) 2 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Nephritis (Chronic)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? Morley, Mo
 (IF NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) George J. Kelly, M. D.
1-7, 1929 (Address) Cape Girardeau

*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 Morley Cemetery DATE OF BURIAL Jan 9 1929

20. UNDERTAKER C H M Supton ADDRESS Morley Mo.

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.

FEL 1929
 16
 2
 8

171

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