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.

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

SEP 20 1934

Do not use this space.

29327

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. 3744

Township KAW — Primary Registration District No. 1002 — Registered No.

City KANSAS CITY (No. RESEARCH HOSPITAL St. ..... Ward)

2. FULL NAME MRS. LUELA DAUGHERTY

(a) Residence, No. ..... St., ..... Ward. EMPORIA, KANSAS
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JAMES L. DAUGHERTY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-9-1862

7. AGE — YEARS 76 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) MONMOUTH ILLINOIS

FATHER

13. NAME JAMES H. MONTGOMERY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAMS COUNTY OHIO

MOTHER

15. MAIDEN NAME RHODA G. GRAHAM
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAMS COUNTY OHIO

17. INFORMANT (ADDRESS) MISS GRACE COOK 3424 SOUTH BENTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE EMPORIA, KANS. DATE AUG-14 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 8-11 1934 Mm Crowe asst Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Aug 11, 1934

I last saw her alive on Aug 10, 1934. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Myocardial Degenerat
& decompensat
131
936
131

Date of onset

Other contributory causes of importance:
Glomerular Nephritis
Chronic

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) Donald R. Black, M. D.

(Address) 927 Prof Bldg.

924 Professional Bldg.
11:30-4