

OCT 18 1934

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

Do not use this space.

34999

1. PLACE OF DEATH

County Texas Registration District No. 18
Township Monie Primary Registration District No. 6139
City Cabool (No. _____) St. _____ Ward _____

2. FULL NAME

Harlan Daugherty

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

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Daugherty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1866

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
69 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Dec. 1933 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME John Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Nancy Barnhart

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

17. INFORMANT (ADDRESS) Ara Daugherty

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyers Cemetery DATE Sept. 30, 1934

19. UNDERTAKER (ADDRESS) Gaylord T. Elliott Cabool

20. FILED Oct 2, 1934 Pearl E. McCall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1934

22. I HEREBY CERTIFY that I attended deceased from Sept 21, 1934 to Sept 28, 1934
I last saw him live on Sept 28, 1934 Death is said to have occurred on the date stated above, at 9:30 m.

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

Chronic Nephritis
131
133C 131
Other contributory causes of importance:
Suppression of uric.

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 _____, 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) W. P. Munster, M. D.
(Address) Hardman Mo.

