NOV 27 1936

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

Do not use this space.

File No. 40961
Registered No. 0943

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. 436 S. Main St. ..... Ward)

2. FULL NAME: Thomas Edward Daugherty
(a) Residence, No. 436 So Main St., ... 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: 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~~): Malinda Daugherty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 27 1852
7. AGE: Years ✓ 84 — Months 8 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R. R. (Retd)
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): Aurora Ill.

FATHER
13. NAME: ✓
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Harry Daugherty Springfield Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Maple Park Cem DATE: 11-17 1936
19. UNDERTAKER (ADDRESS): Olmstead Funeral Home Springfield Mo
20. FILED: 11-16- 1936 Chas A. Georgi Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 15th 1936
22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased ~~from~~ ....., 19....., to Nov. 15th 1936
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:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance: Senility — Arteio Sclerosis with Hypertension of long duration
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) W. D. Patterson, M. D.
(Address) Springfield Mo.

Coroner of Greene County, 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.

WRITE PLAINLY, WITH INKING THIS IS A FINGER PRINT

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