REC'D JUN 9 1938

David Enloe

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

Do not use this space. 18083

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 2014 — Registered No. 168
(c) City Jefferson City (d) Street No. 406 Jefferson St Jefferson City
(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. No

2. PRINT FULL NAME Bailey Daughtrey 236
(a) Residence, No. 406 Jefferson St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF [redacted] Francis McLore Daughtry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prison Guard.
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

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

FATHER
13. NAME Robert Daughtrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Martha Oldham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Francis McLore Daughtry 406 Jefferson St J.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Mo DATE 6-2 1938

19. FUNERAL DIRECTOR (ADDRESS) Buescher Funeral Home Jefferson City, Mo.

20. FILED 6/1/1938 S. V. Bridgford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1938, to 5/31/38, 19
I last saw him alive on 5/31, 1938. Death is said to have occurred on the date stated above, at 12:58 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy	8 wks.
Fever	
Primary site unknown.	

Other contributory causes of importance:
None.

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) David Enloe, M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

... may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)