

REC'D SEP 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Cedar Registration District No. 167
Township South Madison Primary Registration District No. 5253
City 256 John J. Daughtry St. _____ Ward _____

28848

File No. _____
Registered No. _____
Sl. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OFMay E. Daughtry

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

January 15, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ___ hrs.
or ___ min.7773

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Tennessee

(STATE OR COUNTRY)

10. NAME OF FATHER

Jesse Daughtry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Mindus Jacobs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT

(Address)

R. L. Daughtry
Dadeville Mo R. 1.

15.

FILED

Aug 26 1939B. A. Chuk 157

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug. 18, 1939

17.

HEREBY CERTIFY That I attended deceased from Sept 1, 1939 to Aug 18, 1939
that I last saw him alive on Aug 7, 1939 and that
death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myo-carditis(duration) 2 yrs. 9 mos. 3 da.

CONTRIBUTORY

(SECONDARY)

general arteriosclerosis (duration) 1 yrs. 1 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF _____

WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

B. B. Kirby

M. D.

, 19 (Address)

Dadeville Mo

*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

DATE OF BURIAL

Rice CemeteryAug 20, 1939

20. UNDERTAKER

ADDRESS

Will Maze, Dadeville, 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.

RECEIVED

District Health Officer No. 7,

District File Number

7-39-1306

Date Filed

9-12-39