

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

Do not write this space  
28745

**1. PLACE OF DEATH**

County.....*St. Francois* Registration District No.....*775*  
Township.....*Curry* Primary Registration District No.....*0020*  
City.....*Camdenton* (No. ....) St. .... Ward)

File No.....*22111*  
Registered No.....*63*

**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. 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 *Rebecca Jane Daugherty*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 18 60*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*69 | 1 | 6*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Laborer*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Street Dept -*  
(c) Name of employer *City of Camdenton*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo*

10. NAME OF FATHER *James Daugherty*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo.*

12. MAIDEN NAME OF MOTHER *Ingrid Brackewitz*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo.*

14. INFORMANT (Address) *Rebecca Daugherty  
Bonne Terre Mo*

15. FILED *8/8 29* 19 *29* REGISTRAR *W. Gibson*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug - 7 1929*

17. I HEREBY CERTIFY, That I attended deceased from *June 16 - 1929*, to *Aug 7 1929*, that I last saw him alive on *Aug 5 1929*, and that death occurred, on the date stated above, at *6:40 P. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Chronic nephritis*

CONTRIBUTORY (SECONDARY) *unimpaired*

18. WHERE THE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *physical of*  
(Signed) *A. L. Evans M.D.*

\*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  
*Bonne Terre Cemetery* *8/9 29*

20. UNDERTAKER ADDRESS  
*P. A. Benham Bonne Terre Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

NO 28 1929

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