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

Do not use this space.

20864

File No.

Registered No. 68

1. PLACE OF DEATH
City County St. Francois
Township St. Francois
Near City Farmington, Mo.
(No. , St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME Eliza Jane Doughty
(a) Residence, No. Farmington, Mo. 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.

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 UNFADING INK—THIS IS A PERMANENT RECORD

JUL 29 1933

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ira Jackson Doughty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1854

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 3 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo.

FATHER
13. NAME Reuben Dalton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Eliza Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE at Missionary, Farmington, Mo. DATE 6-28-33 19

19. UNDERTAKER Neidert Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED 6-26 1933 B. J. Robinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to June 24, 1933
I last saw her alive on June 24, 1933 Death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral lobar pneumonia | 6-21-33 |
| 108 / 07 / 108 | |

Other contributory causes of importance:

| | |
|---|---|
| Generalized arteriosclerosis | |

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Fred Long, M. D.
(Address) Farmington, Mo.