

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Montg.
Township of Perkiomen
or
Borough of
or
City of

Registration District No.
Primary Registration District No. 46-11-84

File No. 8795
Registered No. 2

(If death occurred in a Hospital or Institution give the NAME of the Hospital or Institution instead of street and number.)

2. FULL NAME Mary Dougherty
(a) Residence, No. Gravel Pike, Gratersford, Pa. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. (If nonresident give city or town and State)
How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen Dougherty

6. DATE OF BIRTH (month, day, and year) 1876.

7. AGE Years Months Days 54 00 00
IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Ireland

10. NAME OF FATHER John Mollhenney

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

MAIDEN
12. NAME OF MOTHER Catharine Mollhenney

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14. Informant Mrs. Neal Burks,
(Address) Gratersford, Penna.

15. Filled 1-8-1930 by Edwin L. Miller REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 5, 1930
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased Mrs. Mary Dougherty from November 10, 1929 to January 5, 1930 that I last saw her alive on January 11, 1930

and that death occurred, on the date stated above, at Perkiomen, Pa.
THE CAUSE OF DEATH* was as follows:

Paralyzed; left wrist an aneurysm
Went to hospital, spinal cord at
level of 11th thoracic vertebrae; respiratory
paralysis
(duration) yrs. 2 mos.

CONTRIBUTORY (Secondary) 7.3 or 7.5 lb
(duration) yrs. Mos.

18. Where was disease contracted Home
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical
(Signed) W. J. Wright, M.D.
7/6-1930 (Address) Stoppick P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cem. DATE OF BURIAL 1/8/30.
20. UNDERTAKER Chas. A. Dillon. ADDRESS Norristown, Pa.

Exact Statement of OCCURRENCE is very important. OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.