

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

Do not use this space.

35274

1. PLACE OF DEATH

97 County Saline
Township Cambridge
City (No.) St. Ward

Registration District No. 794
Primary Registration District No. 6037A

File No.
Registered No. 8
St. Ward

2. FULL NAME Mrs Mary Darnum

(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Darnum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

70 — 26

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) 7-31-33 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Ares (ADDRESS) Elsgun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE all saints Cem DATE Oct. 9 1933

19. UNDERTAKER Vandiver & Audsley (ADDRESS) Elsgun Mo

20. FILED Oct 6 1933 J.P. Davison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1933 to Oct-6 1933

I last saw h. es. alive on Oct 2 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Solenula Heart Disease Date of onset J.H.

59 92A H60

Other contributory causes of importance: Carcinoma of Throat Diabetes

Name of operation Date of
What test confirmed diagnosis: Chinical 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? No
If so, specify
(Signed) Mrs Kitchner M. D.
(Address) Elsgun Mo

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

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.

MAINTAIN RESERVED FOR BINDING

