

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.

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

Do not use this space.

17273

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Starr Primary Registration District No. 1067  
City Lancaster City No. 3724 Penn

File No. \_\_\_\_\_  
Registered No. 2245  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Darwin A. Poyser  
(a) Residence. No. 3724 Penn. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. \_\_\_\_\_ mos. 5 da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 | 11 | 3

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

9. BIRTHPLACE (CITY OR TOWN) Fort Wayne Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Hiram Poyser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canton Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Meyers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mrs Susan Poyser  
(Address) 3724 Penn.

15. FILED 5/21 2 PM M. M. Crowe REGISTRAR  
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
July 29, 1920, to May 20, 1928  
that I last saw h. \_\_\_\_\_ alive on May 20, 1928, and that death occurred, on the date stated above, at 1 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis (paraneuritic)  
chronic

CONTRIBUTORY (SECONDARY) 10/10/28  
terminal pneumonia lobar (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Laboratory  
(Signed) F. K. Kovic, M. D.  
May 21, 1928 (Address) 1001 1/2 Bldg

\*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 Forest Hill DATE OF BURIAL 5-23-28

20. UNDERTAKER A. D. Newcome's ADDRESS Louisville

1000 State of Tennessee

Vol. 3075.

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2-11