JUL 25 1928

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

Do not use this space.

20470

1. PLACE OF DEATH

County Lewis — Registration District No. 347

Township Benjamin — Primary Registration District No. 4205

City Blairstown (No. ..... St. ..... Ward) — File No. ..... Registered No. 79

2. FULL NAME Edward T Darr

(a) Residence. No. Blairstown 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 25 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mattie E. Darr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 - 1858

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	3	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Caretaker

(b) General nature of industry, business, or establishment in which employed (or employer) Self. Asst

(c) Name of employer Sublim Home

9. BIRTHPLACE (CITY OR TOWN) Elkhart

(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER John Darr

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

12. MAIDEN NAME OF MOTHER Margaret Dimble

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

14. INFORMANT Mrs. S. E. Goodwin (daughter)
(Address) 2136 Orrick K. C. Mo

15. FILED June 15 1928 Dr. E. C. Peelor per JH. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July ....., 1926, to June 9, 1928, that I last saw h[illegible] alive on June 9, 1928, and that death occurred, on the date stated above, at 4.50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

19A 1000

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) E. R. Smith, M. D

, 19 (Address) Lewis

*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 Carpenter Cemetery — DATE OF BURIAL 6 - 11 - 1928

20. UNDERTAKER O. C. Croft — ADDRESS Oklahoma