

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

Do not use this space.

26976

1. PLACE OF DEATH  
 County Washington Registration District No. 312  
 Township Dickson Primary Registration District No. 4188  
 City King City (No. ....) St. .... Ward)  
 2. FULL NAME John E. Darpfen  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Darpfen  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 | 5 | 7 | 6 | 10  
 8. OCCUPATION OF DECEASED Housewife  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 - 1928  
 17. I HEREBY CERTIFY, That I attended deceased from DEC 1926, to Aug 25 - 1928, that I last saw h. Er. alive on Aug 25, 1928, and that death occurred, on the date stated above, at 9 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Rectum

440 45 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: 16 Dec 1926  
 3 DID AN OPERATION PRECEDE DEATH: Yes DATE OF 14th April 1927  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: Microscopic pt from 4  
 (Signed) J. A. Barton Physician, M. D.

\*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.

9. BIRTHPLACE (CITY OR TOWN) Bachman Co  
 (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER Wm. Groster  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Pauline Thompson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

14. INFORMANT J. E. Darpfen  
 (Address) King City Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King City Cem. DATE OF BURIAL Aug 27 1928

15. FILED Aug 28 1928 Aut Faulstich  
 REGISTRAR

20. UNDERTAKER Wm. Taggart ADDRESS King City Mo

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.

