8 1928

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

Do not use this space.

32427

1. PLACE OF DEATH

County Saline — Registration District No. 7949 — File No.

Township Cambridge — Primary Registration District No. 4479 — Registered No. 46

City Slater (No. ..... St. ..... Ward)

2. FULL NAME Mrs. D. P. Black

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1857

7. AGE: Years 71 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER Grafton Darby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Rebecca Suter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland

14. INFORMANT John Darby
(Address) Pittsburg Pennsylvania

15. FILED 10-25, 1928 W. M. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 24 1928

17. I HEREBY CERTIFY, That I attended deceased from last month, 1928, to Sept 23, 1928, that I last saw her alive on Sept 22, 1928, and that death occurred, on the date stated above, at 5 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
carcinoma — liver and gall bladder —
46E
118C (duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic dyspepsia —
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 44 B

DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R H Nuckles, M.D.
, 19 (Address) Slater

*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: Slater City Cemetery — DATE OF BURIAL: Sep 26 1928

20. UNDERTAKER: Tom L Salzer — ADDRESS: Slater 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.

1128 - 9 - 24
11 - 8 - 20
1751 - 1 - 4

about 761