

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

Do not use this space.

9538

824

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Columbia Rfd 5 Ward _____
(Usual place of abode) (If nonresident give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. D. Darnaby</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 20 1846</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1929
17. I HEREBY CERTIFY That I attended deceased from March 9 1929, to March 10 1929 that I last saw h. alive on March 10 1929, and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
191
Uremia

CONTRIBUTORY (SECONDARY) chronic nephritis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH, _____ DATE _____
WAS THERE AN AUTOPSY, _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert A. Simpson, M. D.
, 19 (Address) 8014 Broadway

*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) (STATE OR COUNTRY)
Georgetown Ky.

10. NAME OF FATHER
Wm S Holdcraft Ky.

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

12. MAIDEN NAME OF MOTHER
Rbecca Smith Ky.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Georgetown Ky.

14. INFORMANT (Address) Mr. J. E. Davis Columbia Rfd 5

15. FILED 9-11 1929 Beatrice Zuehl REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Columbia Cemetery Mar 12 1929

20. UNDERTAKER ADDRESS
Pharm & Drug Co

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.

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