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

Do not use this space.
18083 2128

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. 2727 Spruce St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME Bess Mae Darby
(a) Residence. No. 2727 Spruce St., 14 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 Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6-1909
7. AGE Years 19 Months 11 Days 2 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work File Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Thomas J. Darby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Statie Harlan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
14. INFORMANT T. J. Darby
(Address) 2727 Spruce
15. FILED 5/8, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929
17. I HEREBY CERTIFY, That I attended deceased from March 9th, 1929, to May 7, 1929 that I last saw her alive on same date, 1929, and that death occurred, on the date stated above, at 5:45 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro spinal meningitis
18 24
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Epidemic
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home
9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture & lab test. Meningitis was found
(Signed) D.D.C. [illegible], M.D.
5/8, 1929 (Address) 803 Waldheim 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 Memorial Park
DATE OF BURIAL May 9 1929
20. UNDERTAKER Rose & Henderson
ADDRESS Kaw 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.

29-3

Walheim Bldg Vi. 9036 11-1 Mar.

Res Phone No 8793

2727 Spruce.