

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.

MAY 26 1930

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

Do not use this space.

12280

1. PLACE OF DEATH
 County Wentworth Registration District No. 312
 Township Wagoner Jackson Primary Registration District No. 5431A
 City King City (No.) St. Ward)

2. FULL NAME Madfield Darnell
 (a) Residence. No. 187 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 8
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armer Darnell
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 1
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) April 18, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Apr 6 1930, to April 18 1930 that I last saw him alive on Apr 16 1930, and that death occurred, on the date stated above, at 6:50 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis (probably following an influenza attack of 3 months previous)
11B (duration) yrs. 1 mos. 12 ds.
 CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) Dr. Paulette M. D.
Apr 19 1930 (Address) King City, Mo.
 *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 King City, Mo. DATE OF BURIAL 4-20 1930
 20. UNDERTAKER R. H. Jaggard ADDRESS King City, Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 PARENTS
 10. NAME OF FATHER Frank Darnell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Louisa Wood
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 14. INFORMANT Armer Darnell (Address) King City, Mo.
 15. FILE NO. 1930 REGISTRAR Dr. Paulette

