NOV 26 1930

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

Do not use this space.

30848

1. PLACE OF DEATH
County Ralls
Township Saline
City ——— (No. ..... St. ..... Ward)
Registration District No. 930
Primary Registration District No. 5962
File No. .....
Registered No. .....

2. FULL NAME Walter L. Darling
(a) Residence. No. ..... St., ... Ward. 900 Berger St Brookline
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia L. Darling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 - 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager Service
(b) General nature of industry, business, or establishment in which employed (or employer) Station
(c) Name of employer Kunkel Auto Co.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Bridge Port Conn.

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs Amelia Darling
(Address) 1235 - Pacific St. Brooklin Mo

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25th 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at about 7 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unavoidable automobile accident.
NOM
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) Giles R. Hulse Coroner, M.D.
Sept 25, 1930 (Address) Center, 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	DATE OF BURIAL
Hannibal Mo.	Sept 27 1930

20. UNDERTAKER	ADDRESS
Wilson & Son	Monroe City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Contract statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Ralls
Township: Salt River
City: ..... No. ..... St. ..... Ward)
Registration District No.: 430
Primary Registration District No.: 5962
File No.:
Registered No.:

2. FULL NAME: Walter L. Darling
(a) Residence. No. ..... St., ... Ward. 900 Bangor St. Brooklin
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia L Darling
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14, 1895
7. AGE: Years 35 Months 1 Days 11 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: manager service
(b) General nature of industry, business, or establishment in which employed (or employer): Station
(c) Name of employer: Funkel Auto Co.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bridge Port, Conn.

PARENTS
10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs Amelia Darling
(Address) 335 Pacific St. Brooklin N.Y.

15. FILED: Sept 26 1930 J. C. Floyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 25 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above at 7:30 A 19....., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unavoidable automobile
Accident occured in Ralls County, as a result of car being driven at rapid rate of speed, the driver lost control, Walter L. Darling was driving the car. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (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?
Sept 26 19 30 (Signed) Giles G. Hulse Coroner, M. D.
(Address) Center 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: G. Hannibal Mo. DATE OF BURIAL: Sept 27 19 30
20. UNDERTAKER: Nelson & Son ADDRESS: Monroe City Mo

SUPPLEMENTARY

1880

N. B.—Every item of information should be carefully supplied. AGE should be stated in years and months. PARTICULARS under CAUSE OF DEATH should be stated in such language as will indicate the nature of the disease, injury, or accident, as the case may be. It is important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AND SUBSCRIBED BY LAW

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