WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1429

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No. 261
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas (No. General Hospital #2 St. Ward)

2. FULL NAME Robert Darby
(a) Residence. No. 630 Norton St., Inlet 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married Brancia Darby
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/10/73
7. AGE YEARS 57 MONTHS 10 DAYS If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(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) Ala.
PARENTS
10. NAME OF FATHER Robert Darby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama
14. INFORMANT Florence Lynch (Address) 2321 Highland
15. FILED 1/19, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to 1-15, 1931 that I last saw her alive on 1-15, 1931, and that death occurred, on the date stated above, at 11:15 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
358 Lymphangitis
101
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) G.C. urethritis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. M. Miller M. D.
1/11, 1931 (Address) General Hospital #2

*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 Highland — DATE OF BURIAL Jan 19, 1931
20. UNDERTAKER Adkins Bros — ADDRESS 2000 E-12th