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

Do not use this space.

10969

1. PLACE OF DEATH
County Osage — Registration District No. 1124 — File No. 6
Township Washington — Primary Registration District No. 5851 ce — Registered No. 6
City ~~Freeburg~~ (No. ..... St. ..... Ward)

2. FULL NAME Darrow Leon Joseph Wharton
(a) Residence. No. Freeburg St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	18	

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

9. BIRTHPLACE (CITY OR TOWN) Dixon
(STATE OR COUNTRY) Mo 1

PARENTS
10. NAME OF FATHER Darrow Wharton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerseyville Ills
(STATE OR COUNTRY) 2
12. MAIDEN NAME OF MOTHER Ada Clifton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yount
(STATE OR COUNTRY) Mo 1

14. INFORMANT Ada Wharton
(Address) Freeburg Mo

15. FILED April 1931 Mrs D W Buechler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Mar 25, 1931, that I last saw h.e.m. alive on Mar 25, 1931, and that death occurred, on the date stated above, at 4 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Measles
107A
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pneumonia - (Bronchial)
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jos L A Buechler, M. D
3/26 1931 (Address) Freeburg 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: Catholic Cemetary Holy Family
DATE OF BURIAL: March 27 1931
20. UNDERTAKER: Neighbors
ADDRESS: Freeburg Mo

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.

APR 25 1931