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

26780 [illegible] space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7973

City St. Louis, Mo. (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Charles E. Darrow

(a) Residence, No. Kirksville, Mo. St., 12 Ward. Kirksville Mo (If nonresident, give city or town and State)
(Usual place of abode)

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: Laura M. Darrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March, 10, 1860

7. AGE: YEARS 71 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirksville, Mo.

FATHER

13. NAME: Edwin Darrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hudson Ohio

MOTHER

15. MAIDEN NAME: Orilla Seavy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Concord New Hampshire

17. INFORMANT (ADDRESS): Fred Darrow Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE July 18th 1931

19. UNDERTAKER (ADDRESS): C. R. Lupton 4449 Olive St.

20. FILED [illegible] 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1931, to July 17, 1931
I last saw him alive on July 17, 1931. Death is said to have occurred on the date stated above, at 7 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	10
Cellulitis from Infection cause unknown	2
	10

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Other contributory causes of importance:
Cellulitis right Chest wall + Septic pneumonia Lobar

Name of operation ..... Date of .....
What test confirmed diagnosis? usual exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. C. Brooks, M. D.
(Address) Paul Brown Bldg.

Dr. Fredrick C. Brooks
6472 San Bonita
8:30 a.m.