

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

Do not use this space.

5087

1. PLACE OF DEATH
 49 County Jasper Registration District No. 405
 1 Township Primary Registration District No. 4239
 6 City Alba (No. St. Ward

2. FULL NAME Bertram F. Darling
 (a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 5
 St. Ward

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 Clara Darling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
59 | 1 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 32

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) Goodnow 2
Iceland

13. NAME Abram Darling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola
Near Wash

15. MAIDEN NAME Eveline Tilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ohio

17. INFORMANT Mrs. Clara Darling
 (ADDRESS) Alba, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wick City, Mo. DATE Mar. 1, 1932

19. UNDERTAKER Kelley Mortuary
 (ADDRESS) Central Ave., Memphis

20. FILED 2-27-32 Effie Green
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Alba, 1929, to Feb 25, 1932
 I last saw him on Feb 25, 1932. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Sarcema of thoracic ribs P. S. Darling
53E 53
 Other contributory causes of importance:
Resection of ribs several years ago

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) W. J. ..., M. D.
 (Address) Wick City, Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 23 1932

OCCUPATION
 FATHER
 MOTHER

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