

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

Do not use this space.

12367

File No. _____
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH

County Walth
Township Juniata
City _____ (No. _____)

Registration District No. 373
Primary Registration District No. 5520

2. FULL NAME

John W. Darrow
(a) Residence No. _____ County Franklin St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 4 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 Don't know (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Don't know
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer no one

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) 2

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT R. B. Groves
(Address) County Oregon

15. FILED 4-11-1932 J. H. Tharald
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1932

17. I HEREBY CERTIFY, That I attended deceased from April 11 1932 to April 11 1932
that I last saw him alive on April 7 1932 and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
162 (duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) the severity
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. H. Tharald M. D.
4-11-1932 (Address) Oregon 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 County Farm DATE OF BURIAL April 11 1932

20. UNDERTAKER Foster Pettib ADDRESS Oregon Mo

6845 8 5 1932

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.

