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

Do not use this space.
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1. PLACE OF DEATH
4 County Clay — Registration District No. 201 — File No.
5 Township — Primary Registration District No. 3012 — Registered No. 44
4 City Liberty (No. ..... St. ..... Ward)

2. FULL NAME Fannie Trimble Darr

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Z. Darr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 8-1847

7. AGE: YEARS 84 — MONTHS 7 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self.
10. Date deceased last worked at this occupation (month and year): 10 yrs.
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo. 1

FATHER
13. NAME: Francis Henshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. 2

MOTHER
15. MAIDEN NAME: Lucy Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo. 1

17. INFORMANT (ADDRESS): Francis H. Trimble Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty, Mo. Fairview DATE: 4/24 1932

19. UNDERTAKER (ADDRESS): Church-Archer Co. Liberty, Mo.

20. FILED JUN 10 1932 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to April 23, 1932
I last saw her alive on April 22, 1932. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Old age & mild entrahmal flu.

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) John H Rothwell, M. D.
(Address) Liberty, Mo.

JUN 27 1932

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MARGIN RESERVED FOR BINDING

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.