

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

Do not use this space.

20614

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 Near City Farmington, Mo. (No. State Hospital No. 4 St. \_\_\_\_\_ Ward)

2. FULL NAME Mary Darrow  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 16 1854</b>		
7. AGE YEARS <b>About 77</b>	MONTHS <b>6</b>	DAYS <b>9</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>		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) <b>St. Louis Mo.</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown 31</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Hospital Records</b> (ADDRESS) <b>Farmington, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webster Graves</u> DATE <u>June 25, 1932</u>		
19. UNDERTAKER <u>Parker Beard Co</u> (ADDRESS) <u>Webster Graves</u>		
20. FILED <u>June 28, 1932</u> <u>T. J. Robinson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY That I attended deceased from June 20, 1929 to June 25, 1932  
 Last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
82A Hypertension  
167  
82A  
 Other contributory causes of importance:  
Senile Dementia  
 Date of onset 6-22-32

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? no 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) G. F. Hoctor, M. D.  
 (Address) Farmington, 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.

MAY 27 1932

