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

Do not use this space.

35842

File No. 4350

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 1731 Swope, Parkway St. Ward)

2. FULL NAME Mrs. Icie Law Darnold

(a) Residence, No. 1731 Swope Parkway St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Le Roy Darnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12, 1871

7. AGE: YEARS 61 — MONTHS 0 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235 948 948 920

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): West Virginia

FATHER

13. NAME: David Law

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Mary Jane Spindle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mr. Le Roy Darnold, 1731 Swope Parkway K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Moriah DATE: 11/22/32 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary and Chapel, Kansas City, Mo.

20. FILED: Nov. 21, 1932 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-20-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov -, 1931, to Nov 20 -, 1932

I last saw her alive on Nov. 19, 1932. Death is said to have occurred on the date stated above, at 8 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Heart failure with angina -	Nov 20
9310 ①	

Other contributory causes of importance:

Coronary disease with myocardial insufficiency	about June 1932

Name of operation: — Date of:

What test confirmed diagnosis? Clinical Evidence 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) F. C. LaMar, M. D.

(Address) 915 Argyle Bldg

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