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.

SEP 26 1933

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

Do not use this space.

28283

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... # Primary Registration District No. 003 Registered No. 7421

City St. Louis, (No. 5852, Bartmer Ave. St. ..... Ward)

2. FULL NAME Harriett L. D'Arcy.

(a) Residence, No. # 5852 Bartmer Ave. Ward 5
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 Henry I. D'Arcy.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1851.

7. AGE YEARS 81. MONTHS 11. DAYS 4. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) St. Louis, Mo.

FATHER

13. NAME Joshua Cheever.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

MOTHER

15. MAIDEN NAME Susan Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Kentucky

17. INFORMANT (ADDRESS) Edw. D'Arcy 48 Aberdeen Pl.

18. BURIAL, CREMATION, OR REMOVAL Lem PLACE Bellefontaine DATE 8-28-, 1933

19. UNDERTAKER (ADDRESS) O.R. Lupton & Sons # 4449 Olive Street.

20. FILED Aug 28, 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1933, to Aug 26, 1933

I last saw him alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 11 a m.

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

	Date of onset
936	
Arthritis [illegible]	Aug 23 1933
93	

Other contributory causes of importance: [illegible]

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) W. S. Brown, M. D.

(Address) 40 S. Wall Bldg.

87 Hamilton
Dr Geo M. Parks, Office