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.

3835 85

File No. 7909

Registered No. 315

1. PLACE OF DEATH

County: Buchanan

Township:

City: St Joseph (No. State Hospital No. 2 St. Ward)

Registration District No.

Primary Registration District No. 1001

2. FULL NAME: Mathew Darrah

(a) Residence, No. ~~Gilmore City Mo~~ St., Ward. Gilmore City Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 10 mos. 11 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 (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 23-1850

7. AGE: Years 83 Months 11 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 1904

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

FATHER

13. NAME: John C Darrah

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER

15. MAIDEN NAME: ✓ Unknown

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

17. INFORMANT (ADDRESS): Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Joseph, MO. DATE: March 19 1934 State Hospital No. 2

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str St. Joseph, MO.

20. FILED: MAR 19 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14th 1934 to March 16th 1934

I last saw him alive on March 16th 1934 Death is said to have occurred on the date stated above, at 7 15 p m.

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

	Date of onset
Facial Erysipelas	3 days

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? clinical Was there an autopsy?

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) B. C. Miller By J. R. Bunch, M. D.

(Address) State Hospital No 2