

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

Do not use this space.

16359

1. PLACE OF DEATH

County Centry
 Township Coppler
 City Darlington (No. _____)

Registration District No. 3-1-2
 Primary Registration District No. 5431A

File No. 31
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Ambrose Marshall Durbin

(a) Residence, No. Darlington St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF Eva Durbin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 23

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

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) Nov 1, 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ervin Kentucky

13. NAME Pius Durbin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Matgret Barker

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

17. INFORMANT Thomas DuFbin
 (ADDRESS) King City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE King City Mo. DATE May 17, 1934

19. UNDERTAKER R. G. Taggart
 (ADDRESS) King City Mo.

20. FILED 6-10 1934 A. W. Pauletta
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to 15 May, 1934

I last saw him alive on May 15, 1934. Death is said

to have occurred on the date stated above, at 3:30 P. M.

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

Bronchial Pneumonia
primarily tubercular
25 A

Date of onset _____

Other contributory causes of importance: 23

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? _____ 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 _____

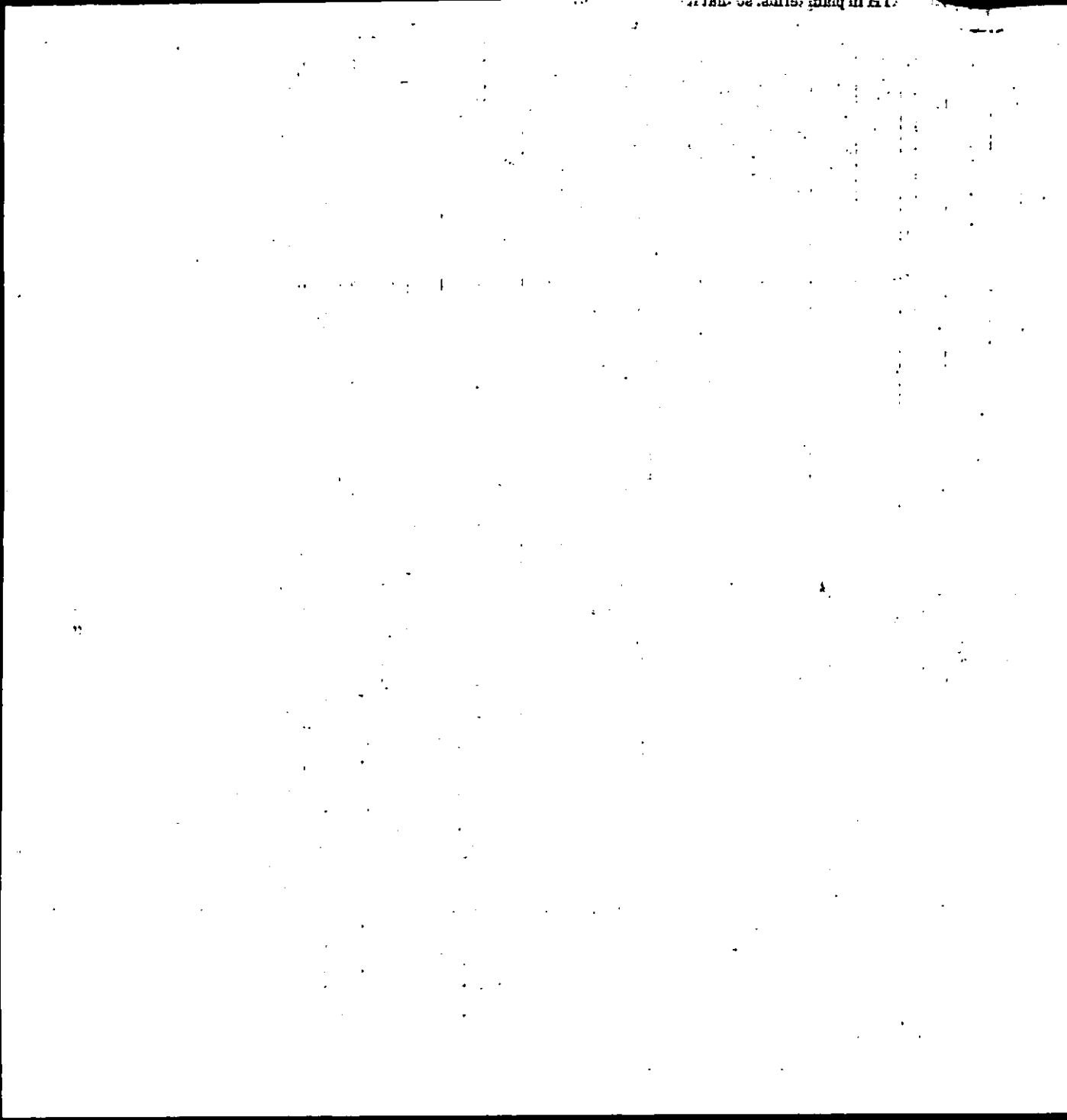
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) LeRoy C. ..., M. D.

(Address) King City Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township
City (No.)

Registration District No. 314
Primary Registration District No. 5429 B

File No.
Registered No. 31 (18)
St. Ward

2. FULL NAME

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>w</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ever Darden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 22-1858</u>		
7. AGE <u>76</u>	YEARS <u>0</u>	MONTHS <u>23</u>
		DAYS <u>23</u>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
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) <u>May 1 1934</u>		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER	13. NAME <u>Peter Darden</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
MOTHER	15. MAIDEN NAME <u>Margaret Darden</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

17. INFORMANTS (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long City Ma DATE May 17 1934

19. UNDERTAKER (ADDRESS)
Long City Ma

20. FILED JUN 27 1934 68 Bern Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1934

22. I HEREBY CERTIFY That I attended deceased from May 9 1934 to May 15 1934

I last saw alive on May 15 1934 Death is said to have occurred on the date stated above, at m.

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

Pneumonia
gradually tubercular

Other contributory causes of importance:

Date of onset

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? 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?
If so, specify
(Signed) S H Barber M. D.
(Address) Long City Ma

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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