

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Douglas  
Township Benton  
City Genoa (No. ....)

Registration District No. 272  
Primary Registration District No. 5378

File No. 19986  
Registered No. 24  
St. .... Ward)

2. FULL NAME

Charles William Darrow

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otha Darrow</u>                           |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19, 1885</u>   |                                  |   |
| 7. AGE<br><u>48</u>   | YEARS<br><u>9</u>                | MONTHS<br><u>9</u>  |
| DAYS<br><u>9</u>  |                                  | IF LESS than 1 day, .... hrs. or .... min.                                  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)   |                                  | 11. Total time (years) spent in this occupation                             |

12. BIRTHPLACE (CITY OR TOWN) Genoa  
(STATE OR COUNTRY) Douglas Co. Missouri

13. NAME W. C. Darrow

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

15. MAIDEN NAME Darcel Hestry

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

17. INFORMANT Glenn Darrow  
(ADDRESS) Genoa, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Genoa Cemetery DATE June 29, 1934

19. UNDERTAKER C. J. Clunkinghead  
(ADDRESS) Genoa, Mo.

20. FILED 8/28, 1934 Henry Burke  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-27-, 1934, to 6-28-, 1934

I last saw him alive on 6-28-, 1934. Death is said

to have occurred on the date stated above, at 6 a m.

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

Typhoid fever

Date of onset  
4-25-34

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) J. P. Gentry, M. D.

(Address) Genoa, Mo.

