

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.

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 325
 Township Walnut Grove Primary Registration District No. 545.0
 City — (No. —) St. — Ward —

File No. 35799
 Registered No. —

2. FULL NAME

Samuel Harris Derby
 (a) Residence, No. Walnut Grove P 3 St., — Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary a Fleming</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-31-1848</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>4</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY) Linn

FATHER 13. NAME William Derby

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn

MOTHER 15. MAIDEN NAME Anna Patterson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn

17. INFORMANT Mrs E E Crosslin (ADDRESS) Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Oct-17 1934

19. UNDERTAKER Bern Ferguson Home (ADDRESS) Walnut Grove Mo

20. FILED 10-17 1934 J. M. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-11 1934 to Oct 16 1934
 I last saw him alive on Oct 16 1934 Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Haemia
and
Broncho-Pneumonia
bilateral
 Date of onset 10/11/34

Other contributory causes of importance: None

Name of operation None Date of —
 What test confirmed diagnosis? Clinical 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 Pharyngeal Metastasis, M. D.
 (Address) Asst. State Health Officer

