

FEB 24 1936

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

Do not use this space.

4005

1. PLACE OF DEATH

County St. Louis
Township Jefferson Barracks
City _____

Registration District No. 1123
Primary Registration District No. 6245 B
(No. Veterans Administration Facility)

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME DARKINS, John

(a) Residence, No. 817 N. Compton Avenue St. _____ Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. kn mos. wn ds. 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unavailable</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 14, 1888</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>11</u>	DAYS <u>12</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavail.</u>
11. Total time (years) spent in this occupation <u>Unavail.</u>	

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER	13. NAME <u>Henry Darkins</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u> <u>Kentucky</u>

MOTHER	15. MAIDEN NAME <u>Unavailable</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>

17. INFORMANT M. Schellig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Jan. 29, 1936

19. UNDERTAKER Charles J. Tates
(ADDRESS) 4107 Finney Avenue,

20. FILED 1-28 1936 J. Mowry Registrar. AGB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1935 to January 26, 1936

I last saw him alive on January 26, 1936 Death is said

to have occurred on the date stated above, at 3:55 p.

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

Bronchopneumonia, bilateral,
following Herniotomy, left inguinal

Other contributory causes of importance:
None

Name of operation Herniotomy Date of 1-17-36
Physical exam. clinical manifestations,
What test confirmed diagnosis? Yes Was there an autopsy? Yes
x-ray, lab. and autopsy findings.

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) C. W. HUGHES, M. D., Chief Med. Officer
Vet. Adm. Facility, Jeff. Brks., Mo.

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.

MARGIN RESERVED FOR BIRDS

