

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

Do not use this space.

SEP 18 1936

29948

1. PLACE OF DEATH

County Buchanan, Registration District No. 1001  
Township..... Primary Registration District No. ....  
City St. Joseph, (No. 519 North 8th.) St. .... Ward)

2. FULL NAME Ada Lenoard Darby,

(a) Residence, No. 2602 Jule St., ..... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles Hammond Darby,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th, 1841,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
95 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,  
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) Fayette, Missouri,

FATHER 13. NAME Abiel Leonard,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodstock, Vermont,

MOTHER 15. MAIDEN NAME Jocnette Reeves,

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

17. INFORMANT (ADDRESS) Miss Ada C. Darby, 2602 Jule Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE August 17, 1936

19. UNDERTAKER (ADDRESS) Heaton, Billie & Bowman, 319 So. 10th St.,

20. FILED 8-17 1936 J. J. Nestlebury Registrar. (Address) St. Joseph Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Aug 14 1936  
I last saw h. alive on Aug - 14 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:  
Arterial Sclerosis & Chronic Myocarditis.

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. J. Nestlebury, M. D.

(Address) St. Joseph Mo

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.

RECORD WITH CHANGING INK—THIS IS A PERMANENT RECORD

Washed