

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Adair  
Township  
City Hicksville (No. Green - Smith Hospital St. 1)

Registration District No. 4File No. 4795Primary Registration District No. 309Registered No. 252. FULL NAME Mrs. Aurilla Florence Darr(a) Residence, No. Greencastle, Mo. St. Greencastle, Mo. Ward. Greencastle, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Darr6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1861

7. AGE YEARS 75 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) 1/30/37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME Thomas A. Hibbets14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Caroline16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT L. V. Darr (ADDRESS) Greencastle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Greencastle, Mo. DATE 1919. UNDERTAKER Glen Kent (ADDRESS) Green City, Mo.20. FILED Feb. 10 1937 Spencer L. Meeman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 193722. I HEREBY CERTIFY, That I attended deceased from February 1 1937 to February 8 1937I last saw her alive on Feb. 8 1937 Death is said to have occurred on the date stated above, at 12:55 P.M.

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

Fracture femur (Hip) Date of onset 1-30-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-30-1937Where did injury occur? Greencastle, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped on iceNature of injury fracture hip24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Spencer L. Meeman M. D.(Address) Greencastle, Mo.

WRITE PLAINLY IN INK. DO NOT WRITE IN RED 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.

