DEC 14 1937

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

Do not use this space.

40717

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1274
City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME William T. Darby
(a) Residence, No. 2532 Chestnut K.C. Mo Ward. Kans City 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T Darby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 Est

7. AGE Est — YEARS 62 — MONTHS — DAYS — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Mo

FATHER
13. NAME John Darby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE Nov 21 1937

19. UNDERTAKER (ADDRESS) Mrs. C L Foster 418 Brooklyn Kansas City Mo

20. FILED Nov 21 1937 H J Nettlebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1937 to Nov 21 1937
I last saw him alive on Nov 21 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Arteriosclerosis — Date of onset Indf.

Other contributory causes of importance:

Name of operation No — Date of
What test confirmed diagnosis? Clin — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 19....
Where did injury occur? No (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 No

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Ralph Kuhlman 1 M. D.
(Address) State Hospital No 2

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.