

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D MAY 16 1938

14315

1. PLACE OF DEATH

County Cass
 19 Township Raymore
 City (No.) St. Ward)

Registration District No. 158
 Primary Registration District No. 5223

File No. 7
 Registered No.

2. FULL NAME Nannie Darsey

(a) Residence, No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-------------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward M. Darsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>7</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackburn Mo.

13. NAME August Bierling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Bright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loest Springs, Mo.

17. INFORMANT Mrs. Beulah Edwards
 (ADDRESS) 3927 Highland, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn, Mo. DATE 4/19 1938

19. UNDERTAKER E. R. George & Sons
 (ADDRESS) Bellton, Mo.

20. FILED 4-21 1938 V. B. M. Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13 1938, to April 17 1938
 I last saw her alive on April 17 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Bronchial pneumonia 4/11/38

Other contributory causes of importance: 1076 - myocardial insufficiency

Name of operation none 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) R. M. Mellic M.D. 0
 (Address) Bellton Mo.

41

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.

