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.

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

Do not use this space.

31632

OCT 12 1940

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Primary Registration District No. 3009
City Cape Girardeau (No. St. Francis Hospital Ward)

File No.
Registered No. 331

2. FULL NAME Paul Charles Darby
(a) Residence, No. Commerce Mo St., Ward. Commerce Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Audrey Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1897

7. AGE: YEARS 43 | MONTHS 7 | DAYS 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bikeston Mo 0

FATHER
13. NAME Grady Darby 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bikeston Mo 0

MOTHER
15. MAIDEN NAME Ester Beadrulm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

17. INFORMANT (ADDRESS) Grady Darby - Commerce Mo Br 231

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Mo DATE 9-28 1940

19. UNDERTAKER (ADDRESS) Brinkopf - Howell Cape Girardeau Mo 121

20. FILED 9-28 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1940, to 9/28, 1940
I last saw him alive on 9/28, 1940. Death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Nephritis Ac

Other contributory causes of importance:

Endocarditis Ac

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?
If so, specify
(Signed) [signature] M. D.
(Address) Cape Girardeau Mo