

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10641**

Registration District No. **311** Primary Registration District No. **5430-4187** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Gentry**  
(b) City or town **Gentry**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether  
In this community **87 years** years, months or days)

3. (a) PRINT FULL NAME **William Darby Kier**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Miltida Wilson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 24 1853**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>6</b>	<b>2</b>	hr. min.

9. Birthplace **Gentry county Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Andrew Kier**

13. Birthplace **Unknown Penn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Darby**

15. Birthplace **Unknown Penn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Kier**

(b) Address **Gentry, Missouri**

17. (a) **Burial** (b) Date thereof **3-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenridge**

18. (a) Signature of funeral director **Chas. H. ...**

(b) Address **Albany, Missouri**

19. (a) **4-10-41** (b) **Chas. H. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**  
(c) City or town **Gentry**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th.**  
year **1941** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **March 24<sup>th</sup>** 1941 to **March 26<sup>th</sup>** 1941  
that I last saw him alive on **March 25<sup>th</sup>** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis**  
**interstitial nephritis**  
**(chronic poisoning)**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Campbell** (M. D. or other) \_\_\_\_\_  
Address **Albany Mo** Date signed **March 29 1941**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Clifford Brooks*  
..... Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**