

WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

FILED MAY 29 1947

1. PLACE OF DEATH

County Taney Registration District No. 85-2
Township _____ Primary Registration District No. 4577
City Branson (No. 13) _____ St. _____ Ward) _____

File No. 19888 10
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Sarah Jane Darby
(a) Residence, No. Branson Mo. Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. 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 <u>John G. Darby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 1858</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>10</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Lancaster Mo</u>		
FATHER	13. NAME <u>Greenville Wisdom</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Rosannah Cox</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT (ADDRESS) <u>Mrs William Hago</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Branson Mo</u> DATE <u>5-13</u> 19 <u>47</u>		
19. UNDERTAKER (ADDRESS) <u>R. O. Welch</u>		
20. FILED <u>5-10</u> 19 <u>47</u> <u>Sam Cogswell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1947

22. I HEREBY CERTIFY, That I attended deceased from May 1946 to May 8 1947
I last saw her alive on May 8 1947. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

<u>Pericious Anemia</u>	Date of onset <u>1930</u>
<u>Chronic Myocarditis</u>	

Other contributory causes of importance:
93 P

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____ 2

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. E. P. Litterer D.O.
(Address) Branson Missouri

#2277

RECEIVED

District Health Officer No. 6;

District File Number 47-518

Date Filed MAY 22 1947