

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

Do not use this space.

MAR 27 1935

6130

1. PLACE OF DEATH

County Moniteau Registration District No. 5-75-
 Township Wellsfork Primary Registration District No. H337
 City Dipton (No. _____) St. _____ Ward _____

2. FULL NAME

Albertina Darby
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1852

7. AGE YEARS 82 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Cooper County Mo.

FATHER 13. NAME Henry Hartman

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

MOTHER 15. MAIDEN NAME Josephine Udelemaus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT Herman J. Hartman (ADDRESS) Dipton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 2-25- 1935

19. UNDERTAKER Louis G. Imhoff (ADDRESS) Dipton Mo.

20. FILED 2-24 1935 Mrs Sarah L. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Feb 22 1935
 I last saw her alive on Feb 22- 1935. Death is said to have occurred on the date stated above, at 2:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Influenza
11/2
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) G. S. Nelson, M. D.

(Address) Dipton, Mo.

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.

