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.

OCT 21 1936

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

Do not use this space.

33933

1. PLACE OF DEATH
County Clark Registration District No. 190
Township Kahoka Primary Registration District No. 4113
City (No. , St. Ward)

File No.
Registered No. 48

2. FULL NAME John H Darnes
(a) Residence, No. Kahoka mo 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. 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: Mary Darnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 3-1856

7. AGE — YEARS: 80 | MONTHS: 6 | DAYS: 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Rail Roadman
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): 5 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Corain Darnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs Nate D. Ferguson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gorin Mo DATE: Sept 29 19 36

19. UNDERTAKER (ADDRESS): Gerich & Bankert Keokuk Mo

20. FILED: Sept 29 19 36 J. R. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936 to Sept 27, 1936
I last saw him alive on Sept 26, 1936. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 9/26/36
Hypostatic

Other contributory causes of importance:
Senility

Name of operation: none Date of:
What test confirmed diagnosis? Clinical 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?
If so, specify.

(Signed) M. L. Hopkins M. D.
(Address) Kahoka Mo