

22 1928

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

Do not use this space.

29794

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001  
 City St Joseph (No. Byrds Sanitorium)  
 2. FULL NAME Amanda Hershey Darrah  
 (a) Residence. No. Kansas City, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 1104  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Nathan W Darrah  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
57 5 4  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)  
 10. NAME OF FATHER Thos. J. Hershey  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Minnick  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va (STATE OR COUNTRY)

14. INFORMANT Howard H Darrah  
 (Address) 4014 College Kansas City Mo  
 SEP 22 1928 FILED \_\_\_\_\_ 1928 \_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1928  
 17. I HEREBY CERTIFY That I attended deceased from 9/11/28 to 9/20/28 1928 that I last saw her alive on 9/20/28 1928, and that death occurred, on the date stated above, at 9:23 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
82A 1400  
90E (duration) yrs. mos. 10 da.  
 CONTRIBUTORY (SECONDARY) Pneumonitis  
acute (duration) yrs. mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. Frank Byrds M. D.  
9/20, 1928 (Address) Kansas Road  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City mo DATE OF BURIAL Sept 20 1928  
 20. UNDERTAKER Mrs. C L Foster ADDRESS Kansas City mo

