

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

Do not use this space.

14376

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.....
Registered No. 3719
St. Ward)

2. FULL NAME

(a) Residence, No. 22270 Market St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 11

8. OCCUPATION OF DECEASED Private Stevedore
(a) Trade, profession, or particular kind of work. Columbia Bay Co.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Darby Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Catherine Pacho

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) St. Louis City Hospital

15. REG. FILED: 1.4.1930 Mar 2 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from April 5 1930 to April 13 1930 that I last saw him alive on April 13 1930, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Ulcer
117A (Perforating)
119C (duration) yrs. mos. ds.
Secondary Hemorrhage

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2227^a Market

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ben Hargulow M.D.
113.10.30 (Address) City Hospital

*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 laboratory DATE OF BURIAL 4-15 1930
ADDRESS 2039 Wood St

20. UNDERTAKER Arthur J. Dornally

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.

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