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.

JAN 22 1932

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

Do not use this space.

41846

1. PLACE OF DEATH
County Pike Copy
Registration District No. 689
Township
Primary Registration District No. 3033
City Louisiana (No. Pike Co Hosp St. Ward)

File No.
Registered No.

2. FULL NAME Darlene Hazel Waters
(a) Residence, No. 815 N 7th 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: Female
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: Theo Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-8-1909

7. AGE: YEARS 22 | MONTHS 8 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Keeper
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): Curryville Mo

FATHER
13. NAME: Walter Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Loma Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Theo Waters Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisiana Mo DATE 12/13 1931

19. UNDERTAKER (ADDRESS): W F Suda Louisiana Mo

20. FILED 12/14 1931 T C Holley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-11 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1931, to 12-11 1931
I last saw her alive on 12-11 1931. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
140	
36	

140

Other contributory causes of importance: Incomplete Miscarriage

Name of operation D & C Date of 12/11-31
What test confirmed diagnosis? Cl Was there an autopsy?

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) E A Cunningham, M. D.
(Address) Louisiana Mo