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.

SEP 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 283 — File No. 28837
Township Buffalo — Primary Registration District No. 5402 — Registered No.
City Cardwell (No. ..... St. ..... Ward)

2. FULL NAME Millie Louise Darden

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: W
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) Nov 16 - 1921

7. AGE: YEARS 12 — MONTHS 9 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Aug 7 - 1934
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardwell Mo.

FATHER
13. NAME Robert Earnest Darden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyer Co. Tenn.

MOTHER
15. MAIDEN NAME Lulu Josie A. Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humpus Co Tenn.

17. INFORMANT (ADDRESS) Robt Earnest Darden Cardwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cardwell DATE 8/25 1934

19. UNDERTAKER (ADDRESS) Howard & Anderson Cardwell, Mo.

20. FILED 9-15 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug 24, 1934
I last saw her alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Malaria	May 1934
38	

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) K. E. Speidel, M. D.
(Address) Cardwell Mo.