

JAN 17 1938

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

Do not use this space.

40126

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township N. Mt. Vernon Primary Registration District No. 5633
City (No.) St. Ward (No.)

File No.
Registered No. 114
St. Ward (No.)

2. FULL NAME

Marena Shirlyne Waters
(a) Residence, No. 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

SEX Female 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) 9-2-13

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) New Madrid, Mo.

FATHER 13. NAME Mr. Sherwood Waters

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

MOTHER 15. MAIDEN NAME Miss Edith McInnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Mo.

17. INFORMANT (ADDRESS) Hospital Recd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Dec. 25 1935

19. UNDERTAKER (ADDRESS) Geo. B. Orr

20. FILED Dec. 24, 1935 P. A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1934, to 12/23 1935
I last saw her alive on 12/22 1935. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset: Jan. 1934
Subsidiary Tuberculosis
Other contributory causes of importance: None

Name of operation None Date of operation None
What test confirmed diagnosis? S.A.B. 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? No
If so, specify (Signed) J. B. Stokes, M. D.
(Address) Mt. Vernon, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

