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.

I X9314

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

FEB 8 1937 791

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4190

Township ..... Primary Registration District No. ..... Registered No. 1234

City St. Louis (No. De Paul Hospital 1 St. ..... Ward)

2. FULL NAME Elizabeth Waters

(a) Residence, No. Vandalia, Mo. St., NR Ward. 1 (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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W.S. Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1869

7. AGE: YEARS 67 MONTHS 6 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235

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): Missouri 1

FATHER

13. NAME: D.L.S. Bland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER

15. MAIDEN NAME: Sallie Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): W.S. Waters, Vandalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Vandalia, Mo. DATE: Jan. 28, 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED: JAN 27 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 26, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Jan. 26, 1937

I last saw h..... alive on 1-26, 1937. Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal Obstruction Results of Post Operative Peritonitis caused by operation for removal of gall stones

Other contributory causes of importance:

Bronchopneumonia
Empyema of gall bladder

107a

Name of operation: Cholecystotomy + Enterostomy Date of 12-30-36

What test confirmed diagnosis? ..... Was there an autopsy? 1-23-37 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) Robert W. Barlett 1, M. D.

(Address) 929 University Club Bldg.

Univ. Club Bldg. Je 5542
(1pm)