

3: a.m.

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

Do not use this space.

APR 19 1937

1. PLACE OF DEATH

County Douglas  
Township Campbell  
City Rome, Mo. (No. ....)

Registration District No. 974  
Primary Registration District No. 5382

File No. 11753  
Registered No. 2  
St. .... Ward)

2. FULL NAME EUNICE-ILENE-WALDRIP

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 28-1926</u>				
7. AGE	YEARS <u>10</u>	MONTHS <u>9</u>	DAYS <u>16</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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 .....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to March 15, 1937  
I last saw her alive on March 15, 1937. Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:

Scarlet Fever

Date of onset

Other contributory causes of importance: 8

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? .....  
If so, specify .....  
(Signed) J. C. Ertlis, M. D.  
(Address) Rome Mo

12. BIRTHPLACE (CITY OR TOWN) DENNARD (STATE OR COUNTRY) ARK.

FATHER

13. NAME JOHN F. WALDRIP

14. BIRTHPLACE (CITY OR TOWN) DENNARD (STATE OR COUNTRY) ARK.

MOTHER

15. MAIDEN NAME ETTIE-ELLEN-FRYMAN

16. BIRTHPLACE (CITY OR TOWN) WYNDOSE (STATE OR COUNTRY) ILL.

17. INFORMANT REV. C.D. FALES (ADDRESS) ROME - MO.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ROME - MO DATE MAR. 17, 1937

19. UNDERTAKER People (ADDRESS) .....

20. FILED March 20, 1937 Dora Mendel Registrar.

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.

