

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township East-Cole
City Lake View Heights (No.)

Registration District No. 59
Primary Registration District No. 3099

File No. 40615
Registered No. 31
St. Ward

2. FULL NAME Darlene Caldwell

(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 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) Nov. 9, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Lake View Heights
(STATE OR COUNTRY) MO.

MOTHER FATHER 13. NAME Kenneth Caldwell
14. BIRTHPLACE (CITY OR TOWN) Morgan Co.
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Margarett Comer
16. BIRTHPLACE (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)

17. INFORMANT Kenneth Caldwell
(ADDRESS) Lake View Heights

~~18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)~~ REMOVAL
PLACE Hopewell Co. Mo. DATE Nov. 10, 1937

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Slover, Mo.

20. FILED Dec 2 1937 Gene Salovey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1937

22. I HEREBY CERTIFY, That I attended deceased from never, 19... to never, 19...

I last saw him/her alive on never, 19... Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Stillbirth Date of onset

Other contributory causes of importance:

Name of operation Classical Date of no
What test confirmed diagnosis? Classical 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) Ed. J. Vesey, M. D.
(Address) Ed. J. Vesey, Mo.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000