

DEPT SEP 20 1930

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

28244
Do not use this space.

1. PLACE OF DEATH

(a) County Butte Registration District No. 50
(b) Township Butte Primary Registration District No. 3004 Registered No. 58
(c) City Butte (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Della May Darden 635
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Widow of Alexander Darden One (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1875

7. AGE YEARS 63 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as 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) not known 9

FATHER 13. NAME not known Scient 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs Mary Lyons
Butte Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Aug 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver
Butte Mo

20. FILED Aug 30 1938 Thos L Culver
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to 8-26, 1938.
I last saw h. W alive on 8-26, 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Intentional typhoid

Other contributory causes of importance: 11B

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) William D. Culver, M. D.
Butte, Mo (Address)

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-383

Date Filed 4-8-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Deaton Lee

Registered Apprentice No. working under my personal supervision.

Signed

C. E. Coulter

Licensed Embalmer No.

2576

P. O. Address

Butte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.