

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township.....  
City Deepwater (No.....) St..... Ward)

Registration District No. 351  
Primary Registration District No. 4208

File No. 44549  
Registered No. 17

**2. FULL NAME**

Mary Magdaline Darr  
(a) Residence, No. Deepwater St..... Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Darr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 08-3-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69      2      12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Sacredo mo.

13. NAME Samuel A. Elliott

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

15. MAIDEN NAME Sarah Darr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benna

17. INFORMANT Sam Elliott  
(ADDRESS) Deepwater mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12-17 1936

19. UNDERTAKER Fred Wilkinson  
(ADDRESS) Deepwater mo

20. FILED 12-17 1936 J. J. Russell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936 to Dec 15, 1936  
I last saw her alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 8:25 P.M.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
Date of onset Nov 20/36  
Other contributory causes of importance:  
10

Name of operation None 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? No  
If so, specify.....  
(Signed) C. S. P. Carpenter, M. D.  
(Address) Deepwater mo.

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.

