

N. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully specified.

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

PLACE OF DEATH Texas ✓
 County Texas
 Township Jackson Registration District No. 866 File No. 41891
 or
 Village _____ Primary Registration District No. 6145 Registered No. _____
 or
 City _____ (NO. _____) St. _____ Ward _____

FULL NAME Mary Jane Swinney

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX: <u>Female</u>	COLOR OR RACE: <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): <u>Widow</u>
DATE OF BIRTH: <u>April 9, 1898</u> (Month) (Day) (Year)		
AGE: <u>74</u> yrs. <u>7</u> mos. <u>21</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work: <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer): <u>none</u>		
BIRTHPLACE (City or town, State or foreign country): <u>New York</u>		
PARENTS	NAME OF FATHER: <u>Peter Sway</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country): <u>Unknown</u>	
	MAIDEN NAME OF MOTHER: <u>Mary J. Sway</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country): <u>Unknown</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 1st, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 1st, 1912, to Nov 20th, 1912, that I last saw h. u alive on Nov 30th, 1912, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Detention of heart
95 B

Contributory Dropsy
(Duration) ___ yrs. 6 mos. ___ ds.
 (SECONDARY) (Duration) ___ yrs. 2 mos. ___ ds.

(Signed) R. B. Haggard M. D.
12/1, 1912 (Address) Raymondville, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death: 1 yrs. 6 mos. ___ ds. In the 25 yrs. ___ mos. ___ ds.
 Where was disease contracted if not at place of death? at place of death
 Former or usual residence: New York

PLACE OF BURIAL OR REMOVAL: McMahon Culling DATE OF BURIAL: 12/2, 1912
 UNDERTAKER: R. D. Mayfield ADDRESS: Raymondville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant): P. E. Swinney
 (ADDRESS): Raymondville Mo

Filed 12/1/1912 R. B. Haggard
 REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plaster*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH
 County Texas
 Township Jackson
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 866 File No. _____
 Primary Registration District No. 6145 Registered No. 8

(If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number)

FULL NAME

Mary Jane Swinyer

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widow</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>April 9, 1838</u> (Month) (Day) (Year)		
AGE <u>74</u> yrs. <u>7</u> mos. <u>21</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE
(City or town,
State or foreign country)

N.Y.

NAME OF
FATHER

Peter Swayer

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

unknown

MAIDEN NAME
OF MOTHER

Mary J. Swayer

BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Peter Swinyer &
Raymondville Mo.

Filed

12/1

1892

R.C. Haggard

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec. 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Nov. 27, 1912, to Nov. 30, 1912
 that I last saw her alive on Nov. 30, 1912
 and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(Duration) ____ yrs. 6 mos. ____ ds.

Contributory
(SECONDARY)

dropsy
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

R. C. Haggard M. D.
12/1, 1912 (Address) Raymondville

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
 RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the
 State ____ yrs. ____ mos. ____ ds.

Where was disease contracted
 If not at place of death?

Former or
 usual residence

PLACE OF BURIAL OR REMOVAL

McMahon Cem, 12/2, 1912

UNDERTAKER

W. W. Mayfield Raymondville

ADDRESS

Original file, date

DEC

All information called for must be written on this Supplementary Cer. Ma.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be stated plainly and fully. Every item of information should be stated plainly and fully.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "Senile," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)