

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

899

1543

135

1 PLACE OF DEATH

County Jackson

Township Bow

Village Kennett

City Kennett

Registration District No. 1002

File No.

Primary Registration District No. 7 of 3 Hughes

Registered No.

St. Ward

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

2 FULL NAME Cynthia Swin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED OR SEPARATED (If in the wedd) Married

6 DATE OF BIRTH

Oct 30 1881
(Month) (Day) (Year)

7 AGE

38 yrs 2 mos 10 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country) Tenn

10 NAME OF FATHER

Elijah Fox

11 BIRTHPLACE OF FATHER

Tenn

12 MAIDEN NAME OF MOTHER

Cynthia Fox

13 BIRTHPLACE OF MOTHER

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. G. Mcintosh
7013 Hughes
(Address)

15

Filed

JAN 1 1916

Paul Capin
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 10 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Jan 4 1916 to Jan 10 1916
that I last saw her alive on Jan 9 1916
and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
11B
132H
102
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Labsypha
(Duration) yrs. mos. ds.

(Signed) R. Kullaghan M. D.

Jan 11 1916 (Address) 520 Cambridge av.

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

18 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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Markinglois Jan 12 1916

20 UNDERTAKER

ADDRESS

Ross & Co 157 Jackson

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.

