MAR 19 1928

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

Do not use this space.

33302 C

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No.

Township — Primary Registration District No. 3018 — Registered No. 16

City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Marie Swayze McQueen

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew McQueen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5, 1898

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
29	2	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Deckwater Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jas. M Swayze

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Champaign Co Ill

12. MAIDEN NAME OF MOTHER Allie Terrill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near
(STATE OR COUNTRY) Browington Mo

14. INFORMANT J M Swayze
(Address) Waverly, Kans

15. FILED Feb. 2, 1928 Dr. E C Peelor by J.G. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1927, to Nov 3, 1927 that I last saw her alive on Nov 3, 1927 and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1210 Apendicitis
Premia
36 Septic Mania
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1113
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Henry Co

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 31/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) N J Slibbins, M. D.

, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebo Cemetery — DATE OF BURIAL Nov 4 1927

20. UNDERTAKER S Rouse & Son — ADDRESS Clinton Mo