

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

Do not use this space.

10243

**1. PLACE OF DEATH**

County Randolph  
Township Moberly  
City Moberly

Registration District No. 735  
Primary Registration District No. 3034  
(No. 623 So. Ault)

File No. ....  
Registered No. 58  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 623 So. Ault 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 | 1 | 12

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Pa  
(STATE OR COUNTRY)

10. NAME OF FATHER William Swindell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emily Crocks

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

14. INFORMANT Ray Swindell  
(Address) Moberly Mo

15. FILED Mar 6 1928 Dr. Thos. S. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 23 1928, to Mar 4 1928 that I last saw him alive on Mar 4 1928, and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

926 M/K  
(duration) yrs. mos. ds. 7

CONTRIBUTORY Arteriosclerosis  
(SECONDARY)

(duration) 10 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, at Place of death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
(Signed) E. H. Shrader, M. D.

3-6, 1928 (Address)

\*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 Moberly Mo DATE OF BURIAL 3-6<sup>th</sup> 1928

20. UNDERTAKER Mahan and Son ADDRESS Moberly 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.

