JUL 28 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Ray — Registration District No. 744 — File No. 24834

Township: ~~Richmond~~ — Primary Registration District No. 3035 — Registered No. 68

City: Richmond (No. ..... St. ..... Ward)

2. FULL NAME Margarette E. Schwenson

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

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: Female
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: Roy Schwenson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 8 1908

7. AGE: Years 20 — Months 4 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home HWK 100 93B
(b) General nature of industry, business, or establishment in which employed (or employer): 95C
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Richmond
(STATE OR COUNTRY): Ray Co Missouri

PARENTS

10. NAME OF FATHER: Straud Danner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo.
12. MAIDEN NAME OF MOTHER: Eva E. Popejoy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co Mo.

14. INFORMANT: Straud Danner
(Address): Richmond Mo.

15. FILED July 10 1928 R L Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 28 '28, 19..., to July 5, 1928, that I last saw her alive on July 3, 1928, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: St Vitus Dance - "Flu" myocarditis resulting in dilatation of heart

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): St Vitus Dance & Flu

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R L Hamilton, M. D

July 4, 1928 (Address) Richmond 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: City Cem. — DATE OF BURIAL: 7/6/28 19

20. UNDERTAKER: T. R. Manning — ADDRESS: Richmond 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.