

NOV 25 1929

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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

Do not use this space.

33338

1. PLACE OF DEATH
County Cooper Registration District No. 225
Township Saline Primary Registration District No. 5306
City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Margaret Jane Swanstone
(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.

File No. _____
Registered No. 10
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29th 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>10</u>	<u>25</u>	

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) Boonville
(STATE OR COUNTRY) Cooper Co. Mo.

10. NAME OF FATHER Alex Givens

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

12. MAIDEN NAME OF MOTHER Sarah Bankston

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

14. INFORMANT Lou J. Swanstone
(Address) Boonville, Mo.

15. FILED EX 30 19 29 W E Cooper
REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1929, to Oct 29, 1929, and that I last saw h. u. alive on Oct 10, 1929, and that death occurred, on the date stated above, at 11 Walnut St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atherosclerosis (general)
+ myocarditis 949
930
(duration) _____ yrs. ? mos. _____ ds.

CONTRIBUTORY Angina pectoris 97
(SECONDARY) (duration) _____ yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 99
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Rausman, M. D.
Oct 25, 1929 (Address) Boonville, 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 <u>Walnut Grove Cem.</u> <u>Boonville</u>	DATE OF BURIAL <u>Oct. 26th 1929</u>
20. UNDERTAKER <u>Schwitzky Meister</u>	ADDRESS <u>Boonville</u>

