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

Do not use this space.

42596

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 2003

City..... (No. 3144, Portis St. ..... Ward)

File No. .....

Registered No. 12264

2. FULL NAME Margarete Swanson

(a) Residence. No. 3144 Portis St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	4	2	

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) .....
(STATE OR COUNTRY) Scotland

PARENTS

10. NAME OF FATHER Robert Cummings

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Robert Swanson
(Address) 3144 Portis Av

15. FILED DEC 17 1929 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1929, to Dec. 16, 1929 that I last saw h. alive on Dec 16, 1929, and that death occurred, on the date stated above, at 12:46 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
(duration) 3 yrs. 11 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) 8 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Not Known
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. W. Eichmann, M. D.
Dec 16, 1929 (Address) 3144 Morganford Rd

*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	DATE OF BURIAL
Valhalla Cemetery	Dec. 18 1929
20. UNDERTAKER Stauck & Schmitt	ADDRESS 3732 S. Grand Blv.

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