

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

Do not use this space.

5942

1. PLACE OF DEATH

County Jackson
Township Juniata
City (No.)

Registration District No. 402
Primary Registration District No. 5587B

File No. _____
Registered No. 4 St. _____ Ward)

2. FULL NAME

Mary Katherine Swartz
(a) Residence, No. _____ St., _____ Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>wh.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Swartz</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 18 - 1894</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>86</u>	<u>11</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2458</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky. Va.</u>					
FATHER	13. NAME <u>Joseph P. Howell</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>				
MOTHER	15. MAIDEN NAME <u>Nancy Argo</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>				
17. INFORMANT (ADDRESS) <u>John A. Swartz Oak Grove Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Mo. 3/2 1931</u>					
19. UNDERTAKER (ADDRESS) <u>Z. Webb Oak Grove Mo.</u>					
20. FILED <u>Mar. 31, 1931</u> <u>A. Mann</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to _____, 19____.

I last saw him alive on 2-27, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:
Bronchial asthma

Date of onset _____

Other contributory causes of importance:
extreme old age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. E. Perry, M. D.
(Address) Oak Grove Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 28 1931

