MAR 25 1931

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

Do not use this space.

5950

1. PLACE OF DEATH

49 County Jasper — Registration District No. 406

Township — Primary Registration District No. 4240

City Carl Junction No. ... St. ... Ward)

File No.

Registered No. 5

2. FULL NAME Mariah Belle Swift

(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 7 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 George Swift

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
69	5	6	

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) Jackson Co. 2
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Hiram Hunsaker

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

12. MAIDEN NAME OF MOTHER Elizabeth Jones

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

14. INFORMANT Mrs B. F. Phillips
(Address) Carl Junction Mo

15. FILED 2/9, 1931 C W Roney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jany 26, 1931, to Feby 7, 1931 that I last saw her alive on Feby 7, 1931, and that death occurred, on the date stated above, at 5 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
[illegible]
[illegible] (duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Exact time not known (duration) ... yrs. ... mos. ... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) N S Loveland, M. D

2/8, 1931 (Address) Joplin 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: Carl Junction Mo.

DATE OF BURIAL: Feb 9 1931

20. UNDERTAKER: C B Roney

ADDRESS: Carl Junction 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.