

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

Do not use this space.

20911

1. PLACE OF DEATH
 County Clinton Registration District No. 204
 Township Shoal Primary Registration District No. 3013
 City Cameron (No. 1) St. _____ Ward _____
 Registered No. 36

2. FULL NAME Regenia S. Swigart
 (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 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 G. W. Swigart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1866
 7. AGE YEARS 65 MONTHS _____ DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Cumberland Co. Va.
 13. NAME James Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
 15. MAIDEN NAME Fanner E. Planton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
 17. INFORMANT (ADDRESS) G. W. Swigart Cameron Mo.
 18. BURIAL CREATION OR REMOVAL PLACE Cameron Mo. DATE 10.31
 19. UNDERTAKER (ADDRESS) O. Moore Cameron Mo.
 20. FILED 6/10 1931 D. H. Reilly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1931
 22. I HEREBY CERTIFY, That I attended deceased from _____ 1931 to _____ 1931
 I last saw him/her alive on June 8 1931 Death is said to have occurred on the date stated above, at Cameron.
 The principal cause of death and related causes of importance were as follows:
Copd
 Date of onset _____
82A
11B
 Other contributory causes of importance Influenza
 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?
 If so, specify _____
 (Signed) M. D. Reilly, M.D. M. D.
 (Address) Cameron 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.

JUL 23 1931

