

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

Do not use this space.

**1. PLACE OF DEATH**

County Barton  
Township W.H.  
City Abandon, Missouri (No. ....) St. .... Ward)

Registration District No. 42  
Primary Registration District No. 4026

✓  
File No. 36813  
Registered No. .... St. .... Ward)

**2. FULL NAME**

Clara Swells  
(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 34 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>/</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 22-1867</u>		
7. AGE <u>65</u> YEARS	MONTHS <u>10</u>	DAYS <u>19</u> If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (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) <u>Missouri</u>		
10. NAME OF FATHER <u>Squire Coffey</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
12. MAIDEN NAME OF MOTHER <u>unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		

14. INFORMANT Clara Swells  
(Address) Arma, Kansas

15. FILED 46 1931 Geo P. Gilman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Mar 10 1931, 1931 that I last saw her alive on Mar 9 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
mitral valvular disease of heart

(duration) 2 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 72 A  
9 D A (duration) .... yrs. .... mos. .... da.

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

19. DID AN OPERATION PRECEDE DEATH. no DATE OF no  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? examined  
(Signed) J. G. Soudredge, M. D.  
, 19 31 (Address) Waller, 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 Roubank DATE OF BURIAL Mar 13 1931

20. UNDERTAKER Wesley & Frankel ADDRESS Arma, Kan

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.

DEC 21 1931

M. R. - Every one  
OF DEATH

and be carefully  
and it may be

(GA) should  
and it may be

should  
reports



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