

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

Do not use this space.

3422

1. PLACE OF DEATH

County Shelby
Township Clay
City near Clarence

Registration District No. 827
Primary Registration District No. 6089

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Mrs Rosa Schwada

(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 Henry Schwada

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-4-1871

7. AGE 60 YEARS 4 MONTHS 19 DAYS 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. 235

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) Illinois

FATHER 13. NAME William Giswold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Henry Schwada Clarence

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE Jan-25-32

19. UNDERTAKER (ADDRESS) Est. Hopper Clarence Mo

20. FILED 79 19 32 Roy Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 to Jan 23 1932
I last saw her alive on Jan 20 1932 Death is said

to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Dec
hemiplegia 11/5/1931

Other contributory causes of importance: 878
8710

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) D L Hulan M. D.
(Address) Clarence, Mo

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.

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