

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County CassTownship ArchieCity Archie (No. 1022)Registration District No. 28714-1147Primary Registration District No. 4081File No. 28714-1147Registered No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Vida Mae Swarens

(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 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)

widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Frank Ray Swarens

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 21 - 1868

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

64 05

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 23

(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)

Bates County Mo.

## 10. NAME OF FATHER

J.P. Thomas

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 12. MAIDEN NAME OF MOTHER

Mary Ann West

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky14. INFORMANT Mrs. Ed Allison

(Address)

15. FILED 1/26 1932BY B.B. Lutz

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25 193217. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Sept 25 1932 that I last saw her alive on Sept 24 1932, and that death occurred, on the date stated above, at 5 a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Burns (Saturated her dress with Coal Oil and set a fire (Suicide))  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.  
171 CONTRIBUTORY Sickness, poor health  
(SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 111 (1)

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B.B. Lutz, M. D.1/26 1932 (Address) Archie, 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

DATE OF BURIAL

Poster, Mo.Sept. 28 1932

## 20. UNDERTAKER

ADDRESS

Allison & Easterly Archie, 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.

