

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

Do not use this space.

31144

82

1. PLACE OF DEATH

100 County Scott Registration District No. 82
11 Township Richland Primary Registration District No. 6070
7 City Likeston (No. 4502) St. _____ Ward)

File No. 82
Registered No. _____

2. FULL NAME

(a) Residence, No. Scott Co. Mo. St. _____ Ward. _____

Length of residence in city or town where death occurred yrs. 4 mos. _____ da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. Rock Island, Ill
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Ward Swittie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 9 27

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. 23 1/2

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) Indiana

13. NAME Don't know

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Ward Swittie (ADDRESS) Likeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews, Mo DATE 9-5 1932

19. UNDERTAKER (ADDRESS) J. Welsh

20. FILED 9/8/32 1932 Walter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1932 to 9-4 1932
I last saw him alive on 9-3 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Emboli of the brain Date of onset _____
MI
MI
Other contributory causes of importance: _____

Miscarriage (D)

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____
(Signed) Howard B. McBlure M. D.
(Address) Likeston, 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. SEP 27 1932

