

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

Do not use this space.

33139

1. PLACE OF DEATH

County *Pettis*  
Township *La Monte*  
City *La Monte* (No. *3*)

Registration District No. *607*  
Primary Registration District No. *4400*

File No. ....  
Registered No. *19* St. .... Ward)

2. FULL NAME

(a) Residence No. *James O. Swift* St. .... Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *23* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Shaffer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 20 1862</i>		
7. AGE	YEARS	MONTHS
	<i>70</i>	<i>8</i>
		DAYS
		<i>8</i>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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) .....	

12. BIRTHPLACE (CITY OR TOWN) *Indiana* (STATE OR COUNTY) *2*

13. NAME *Thomas Swift* FATHER

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

15. MAIDEN NAME *Elizabeth Dickerson* MOTHER

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

17. INFORMANT *Hugh M. Reese* (ADDRESS) *La Monte Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *La Monte* DATE *Oct. 28* 1932

19. UNDERTAKER *B. F. Parker* (ADDRESS) *La Monte Mo*

20. FILED *Oct 28* 1932 *B. F. Parker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28* 1932  
22. I HEREBY CERTIFY, That I attended deceased from *Oct 21* 1932 to *Oct 28* 1932  
I last saw him alive on *Oct 27* 1932 Death is said to have occurred on the date stated above, at *24* m.  
The principal cause of death and related causes of importance were as follows:

*20 yrs. of Hay fever & Asthma*  
*Had sin just one week with bad cold Asthma. etc*  
*Immediate cause of death due to myocardial degeneration.*  
Date of onset *1912*  
Other contributory causes of importance:  
*Myocardial degeneration* *1931*

Name of operation *None* Date of *None*  
What test confirmed diagnosis? *None* 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 *None*, 19...  
Where did injury occur? *None* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*  
Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *None*  
(Signed) *W. E. Walker*, M. D.  
(Address) *La Monte 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.

NOV 28 1932

