

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

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

Do not use this space.

33150

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Sedalia

Primary Registration District No.

3032

City

(No. *410*)

W. Eng.

File No.

Registered No.

265

St.

Ward)

2. FULL NAME

Wallace W. Swope

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept. 27-1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

mo / 18

13. NAME

JR Swope jr

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

mo

15. MAIDEN NAME

Bessie Pree

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

mo

17. INFORMANT (ADDRESS)

JR Swope jr

18. BURIAL, CREMATION, OR REMOVAL

PLACE

not human

DATE *Oct 9*

1932

19. UNDERTAKER (ADDRESS)

Willespie Sedalia mo

20. FILED

10-8 1932

JHWE

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 5 1932 to Oct 8 1932

I last saw him alive on *Oct 8 1932* Death is said

to have occurred on the date stated above, at *6:30* m.

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

Diphtheria

10/10/32

Date of onset

Other contributory causes of importance:

Pneumonia, Bronchitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) *W. J. Bushop*, M. D.

(Address) *Sedalia mo*

