

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

Do not use this space.

4404

1. PLACE OF DEATH

County Sullivan
Township Penn
City..... (No..... St..... Ward)

Registration District No. 849
Primary Registration District No. 0114

File No.....
Registered No. 1

2. FULL NAME

Marry Swallow

(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 Male 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 Matilda Jane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 - 1847

7. AGE 85 YEARS 4 MONTHS 20 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Garret Swallow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth D. Henderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Walla Brock
(Address) Green City

15. FILED Jan 20 1938 W. W. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 19 38

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Jan 1, 1938 that I last saw her alive on Dec 8, 1937, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Valvular Disease of Heart
1937

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 92 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. H. H. M.D. M. D.

(Address) Green City 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

Springer 1-2 1938

20. UNDERTAKER Glenn E Kent ADDRESS Green City

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.

1938

