

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

Do not use this space.

10207

1. PLACE OF DEATH

58 County Linn Registration District No. 496  
1 Township Brookfield Primary Registration District No. 3025-  
7 City Brookfield (No.       ) St. 3 (Ward)

File No.         
Registered No. 26  
St. 3 (Ward)

2. FULL NAME

(a) Residence, No. 304 E. Canal St., 3 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Garnet E. Eldridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 9 - 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>      </u>	
	10. Date deceased last worked at this occupation (month and year).....	
11. Total time (years) spent in this occupation.....		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bentonville Iowa</u>	
	13. NAME <u>George Swinford</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greencastle Ind.</u>	
	15. MAIDEN NAME <u>Elmore Coulter</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Virginia Iowa</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Elmore Swinford Brookfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Mar 10 1933</u>		
19. UNDERTAKER (ADDRESS) <u>E. H. Hill Brookfield Mo.</u>		
20. FILED <u>3-10-33</u> <u>E. E. Jenkins</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to Mar 8, 1933

I last saw her alive on Mar 8, 1933. Death is said

to have occurred on the date stated above, at 5:45 P.M.

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

Mesenteric thrombosis Date of onset 3-3-33

FLU  
991 550

Other contributory causes of importance:  
Hypertension (Subtotal) for Mar 1-33  
fibroid uterus

Name of operation Hypertension - Date of 3-7-33

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) J. Paul Evans, M. D.

(Address) Brookfield 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.

RECORD APR 22 1933

