

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph (No. 408, Ohio)

Registration District No. 85  
Primary Registration District No. 1001

File No. 15772  
Registered No. 501 Ward

**2. FULL NAME**

Mae Swartz  
(a) Residence, No. 408 Ohio St., \_\_\_\_\_ Ward.

(Usual place of abode) Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 3 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50

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

13. NAME Levi Burden

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Union Monach 408 Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill DATE May 16 1933

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home 1946 Colhoun

20. FILED 5-16-33 John H. Burden Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1933

22. I HEREBY CERTIFY that I attended deceased from Feb 10 1923 to May 14 1933. I last saw her alive on May 13 1933. Death is said to have occurred on the date stated above, at 5:00 a.m. The principal cause of death and related causes of importance were as follows:

Met Carcinoma of liver (primary metast.)  
Carcinoma of scalp  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Name of operation Removal of scalp Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. 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) Frank W. Vandegau M. D.  
(Address) Kennelton, B. Pa.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 20 1933

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