

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

Do not use this space.

20532

1. PLACE OF DEATH
 County Newton Registration District No. 604
 Township Neosho Primary Registration District No. 4363
 City Neosho (No. _____) St. _____ Ward _____

2. FULL NAME FLORENCE BELL SWANNER
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 7 21

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

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) June 2, 1933 11. Total time (years) spent in this occupation 33

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

13. NAME Wm B Swanner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Yessie Laggard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Wm V Bell
 (ADDRESS) Corning Cal.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robson Cemetery DATE June 7, 1933

19. UNDERTAKER (ADDRESS) Wm V Bell

20. FILED 6/3 1933 L. E. Mullen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Stroke
Cerebral Hemorrhage
BVA
820

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify Cerebral Hemorrhage
 (Signed) Ashley Busham
 (Address) Neosho Mo

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.

JUL 28 1933

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