

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

Do not use this space.

27387

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 203
City St. Louis (No. 3932 Hammer)

File No.....
Registered No. 6933
St. Ward)

2. FULL NAME

Julia Curry Swofford
(a) Residence, No. 3932 Hammer St. 11 Ward.....
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</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>Charles Swofford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 1889</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>15</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>Housewife</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amoyuga</u>	
FATHER	13. NAME <u>Allen Curry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	15. MAIDEN NAME <u>Mahala Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolden</u>	
17. INFORMANT (ADDRESS) <u>Charles Swofford</u> <u>1932 Hammer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>5-12-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Manuel Undertaking Co.</u> <u>4459 Hammer</u>		
20. FILED: <u>UG 11 1933</u> <u>J. F. Predeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to Aug 8 1933
I last saw him alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset Aug 4
Heart Failure
Other contributory causes of importance:
Fall in bath from Aug 3

Name of operation..... Date of.....
What test confirmed diagnosis? stethoscopic 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 Aug 3, 1933
Where did injury occur? Home Back room
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Blow on head left
Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Jas. M. Tracy
(Address) 3410 Franklin

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.

SEP 26 1933

