

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.

JAN 26 1934

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

Do not use this space  
30138a  
26911-a

1. PLACE OF DEATH  
55 County Lawrence Registration District No. 472  
Township Vineyard Primary Registration District No. 5636  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosa Swindle  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Swindle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>8</u>	<u>21</u>	

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

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

FATHER  
13. NAME Tom Hackler  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowen Mills Mo.

MOTHER  
15. MAIDEN NAME Susay Meadows  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lanuesel Mo.

17. INFORMANT Mr. Hazel Swindle  
(ADDRESS) Bowen Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lawney DATE 9-15-1933

19. UNDERTAKER Morris & Keenan  
(ADDRESS) Miller Mo.

20. FILED 1-2-1934 Thos H. Powell  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1933, to 9-13, 1933  
I last saw h. alive on 9-11, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Enteritis - Acute Date of onset \_\_\_\_\_  
1206  
84  
12010

Other contributory causes of importance:  
Confined to bed 6. Mors-  
No physician in attendance  
177 Hospital treated - some food

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 70

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? 70  
If so, specify \_\_\_\_\_  
(Signed) W. S. Burney M. D.  
(Address) Miller Mo.

