

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

Do not use this space.

32809

1. PLACE OF DEATH

County Spring Registration District No. 320
 Township W. Center Primary Registration District No. 5443
 City Ash Grove (No. _____) St. _____ Ward _____

2. FULL NAME Fannie Swinney

(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 P. B. Swinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 27

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

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) Ash Grove R.F.D. Spring Co. Mo.

13. NAME John Cameron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo.

15. MAIDEN NAME Josephine McKinney

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

17. INFORMANT Mrs. Ethel Owens

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Chapel DATE 11/1 1933

19. UNDERTAKER Trigdon, Morris Swinney (ADDRESS) Ash Grove Mo.

20. FILED 11/2 1933 Lucy Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1933

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10 A.m.

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

Gunsnot wound through left chest. Date of onset

Other contributory causes of importance: Not

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? Suicide Date of injury 10-31-1933

Where did injury occur? at her home home home co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at Home

Manner of injury Gunsnot wound

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Charles H. McHaffie M. D.

(Address) Ash Grove 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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