

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

Do not use this space.

32857

**1. PLACE OF DEATH**

County Henry Registration District No. 355  
 Township Paris Primary Registration District No. 5497  
 City Paris Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1843  
 7. AGE YEARS 90 MONTHS \_\_\_\_\_ DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) De Witt Ills

13. NAME Arthur Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland WALES

15. MAIDEN NAME Nancy Swisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEWITT-CA - Illinois SWIGHER

17. INFORMANT (ADDRESS) Mrs Ed Turk

18. BURIAL, CREMATION, OR REMOVAL PLACE DEWITT, Ills DATE 10/23 33

19. UNDERTAKER (ADDRESS) Spore & Son

20. FILED 11-9 1933 WE Biggerly Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 20, 1933

I last saw her alive on Oct 18, 1933 Death is said to have occurred on the date stated above, at 5<sup>1</sup> m.

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

Acute bronchitis

Central pneumonia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) S. B. Taylor, M. D.

(Address) Clinton, 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.

Corrected by D. W. affidavit Feb 6 1939 10 1533

OCCUPATION FATHER MOTHER

See affidavit mine file R # 143 - 1939