MAR 24 1934

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

Do not use this space.

4426

File No. 33

Registered No. 2

1. PLACE OF DEATH

31

County Daviess

Township Penton

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 254

Primary Registration District No. 4154 - 5965

2. FULL NAME Susan Elizabeth Swisher

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles M. Swisher (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 30/1853

7. AGE: Years 80 | Months 10 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Virginia

FATHER

13. NAME: David Sheney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER

15. MAIDEN NAME: Nancy Lancaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mrs Dora Bloom, Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stoney Point DATE 2/10/34, 19

19. UNDERTAKER (ADDRESS): E S Bromner, Pattonsburg, Mo

20. FILED 2-9, 1934 Frances C Sutton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Feb. 6, 1934, I last saw her alive on Feb. 6, 1934. Death is said to have occurred on the date stated above, at 8/15 P.M.

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

	Date of onset
Pernicious anemia	
11A	
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 .....

(Signed) Frank Hedges, M. D.

(Address) Pattonsburg

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.