

MAR 24 1934

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

Do not use this space.

5931

1. PLACE OF DEATH

County Oregon
Township Thayer
City (No. _____) _____

Registration District No. 632
Primary Registration District No. 5834

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

William A. Switzer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Switzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 31 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Virginia13. NAME Henry Switzer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spurgeland15. MAIDEN NAME Diana Fry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT But Switzer
(ADDRESS) Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Two Miles DATE 2/12 - 34

19. UNDERTAKER Geo. Cant
(ADDRESS) Thayer Mo20. FILED Feb 28 1934 George Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934, to Feb 11, 1934

I last saw him alive on Feb 10, 1934. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Phosmic Interstitial Nephritis Date of onset Sept 1933131131

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 _____, 1934

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) F. A. Barron, M. D.(Address) Thayer Mo

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.

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Barron

