

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Holt Registration District No. 372  
 Township Benton Primary Registration District No. 5518  
 City Mound City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8721  
 Registered No. 772

**2. FULL NAME**

Celia Swymeler  
 (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 Henry Swymeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 16 1852

7. AGE YEARS 81 MONTHS 10 DAYS 29 If LESS than 1 day, then hrs. \_\_\_\_\_ or min. \_\_\_\_\_

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

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 Holt Co

13. NAME Nemian F. Wozier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Clarissa Briggs

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

17. INFORMANT Mrs Della Randall (ADDRESS) Widow

18. BURIAL, CREMATION, OR REMOVAL PLACE South Bethel DATE 3-17 1934

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Madison, Mo.

20. FILED Mar 7 194 J. C. Greer Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 1934

22. I HEREBY CERTIFY, that I attended deceased from Feb 3 1934 to Feb 15 1934

I last saw her alive on March 15 1934 Death is said to have occurred on the date stated above, at 2 p. m.

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

Chronic Parenchymatous nephritis with cardiac decompensation  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Bronchitis 131, 95B, 106D

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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) J. E. Fogar M. D.  
 (Address) Mound City Mo

