

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.

SEP 6 1934

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

Do not use this space.

29701

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 204 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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 Narcel Swinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28th 1893

7. AGE YEARS 40 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16
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) Tuscaloosa Ala

13. NAME F. Jennings

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

15. MAIDEN NAME Fannie ?

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

17. INFORMANT (ADDRESS) Narcel Swinn Carthage Mo - 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Fullerton DATE 8/14 1934

19. UNDERTAKER (ADDRESS) Wm. Drake Carthage Mo.

20. FILED Aug 14 1934 L. B. Clifton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1934 to Aug 12 1934
I last saw him live on Aug 12 1934 Death is said to have occurred on the date stated above, at 2 7 m.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Wound 137 1/2 inch length
with the neck
self inflicted
suicidal intent
Other contributory causes of importance:
Property interest
heart trouble
meanness

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? suicide 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) W. J. Dugan
(Address) Carthage

