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

JAN 10 1935

Do not use this space.

43574

1. PLACE OF DEATH Linn

County ..... Registration District No. 496 File No. .....

Township ..... Primary Registration District No. 3025 Registered No. 100

City Brookfield (No. 837, Strawbridge St. St. ..... Ward)

2. FULL NAME Gertrude Estelle Swank

(a) Residence, No. 837 Strawbridge St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T.F. Swank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/14/1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	8	3	

OCCUPATION

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) Paw Paw Ill.

FATHER

13. NAME George Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Ill.

MOTHER

15. MAIDEN NAME Frances Goble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Pa.

17. INFORMANT (ADDRESS) T. F. Swank

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE 12/18/34 19

19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield Mo

20. FILED Dec 20 1934 J. Thucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 17, 1934

I last saw her alive on Dec 16, 1934. Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Chr. Cholelithiasis	Unknown
176	
120	
126	
Other contributory causes of importance: Ac. Glomerular Nephritis	Dec 1934

Name of operation None 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. Lane Evans, M. D.

(Address) Brookfield Mo