

Smith

APR 3

1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Vernon  
Township Osage  
City Rich Hill (No. ...., Ward)

Registration District No. 87/1  
Primary Registration District No. 6/53

File No. 11683  
Registered No. 4  
St. .... Ward)

2. FULL NAME Jacob Henry Swope

(a) Residence, No. RFD # 3 Rich Hill Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lysia Swope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
82 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer (retired)  
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) Emm.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jake Swope  
(ADDRESS) Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Carbon Center Cem. DATE March 19/35

19. UNDERTAKER Booth and Boughan  
(ADDRESS) Rich Hill Missouri

20. FILED 3/18- 1935 C.H. Mueser, Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1935, to Mar. 17 1935.

I last saw h. Mar. 1 1935 alive on Mar. 1 1935. Death is said to have occurred on the date stated above, at 10 P.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance

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? 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 Tollid Drink

(Signed) Tollid Drink, M. D.

(Address) Rich Hill Mo

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.

