

AGS 20 1935

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

Do not use this space.

Waters,
23857

1. PLACE OF DEATH

County New Madrid
Township Big Prairie
City (No. St. Ward)

Registration District No. 345
Primary Registration District No. 5800

File No.
Registered No.

2. FULL NAME

Lydia May Swinney
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Swinney

22. I HEREBY CERTIFY, that I attended deceased from July 28, 1935 to July 28, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1891
7. AGE YEARS 44 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

Last saw her alive on July 28, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chest condition
Pericarditis
Heart-disease

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) July 2, 1935 11. Total time (years) spent in this occupation Life

Date of onset
Other contributory causes of importance:
NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME Wm. Hauber

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

15. MAIDEN NAME Cynthia Leubauer

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Charles Swinney (ADDRESS) Madison Ave. St. Louis

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Cemetery DATE July 30, 1935

Manner of injury Nature of injury

19. UNDERTAKER St. Joseph's (ADDRESS) St. Joseph, Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED Aug 8, 1935 Jennie E. Deane Registrar

(Signed) J. H. Waters, M. D.

(Address) St. Louis, 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.

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