

JAN 15 1938

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

Do not use this space.

38613

1. PLACE OF DEATH 85  
County Cochran Registration District No. 1001 File No. 1779  
Township St. Joseph Mo Primary Registration District No. 1001 Registered No. 1779  
City St. Joseph Mo (No. 1001) St. Joseph Mo St. 1779 Ward) 1779

2. FULL NAME Margaret Swords  
(a) Residence, No. St. Joseph Hospital Ward. Cameron, Mo (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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 4 19  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed  
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 —

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935, to Dec 5, 1935.  
I last saw her alive on Dec 5, 1935. Death is said to have occurred on the date stated above, at 1:30 A. m.  
The principal cause of death and related causes of importance were as follows:  
Cin carcinoma  
Date of onset ?  
Other contributory causes of importance:  
Carcinoma of uterine  
Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
13. NAME James Swords  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amherst Canada  
15. MAIDEN NAME Anna Power  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amherst Canada  
17. INFORMANT (ADDRESS) James Swords Cameron Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Cameron Mo Dec 9, 1935  
19. UNDERTAKER (ADDRESS) O. B. Moore Cameron Mo  
20. FILED 126, 1935 John K. Berber Registrar

Name of operation None Date of no  
What test confirmed diagnosis? Kab Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. no  
Manner of injury no  
Nature of injury no  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Franklin Hardigan, M. D.  
(Signed) Franklin Hardigan  
(Address) Kempden, 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.

