

'JAN 16 1936

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

Do not use this space.

38764

## 1. PLACE OF DEATH

County

Callwell

Registration District No.

95

Township

Lincoln

Primary Registration District No.

18111

City

Coville, Mo. (No.

St.

Ward)

File No.

34

Registered No.

34

## 2. FULL NAME

Dwaine Addison Swartz

(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

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

Swartz

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

July 3, 1848

7. AGE

YEARS

87

MONTHS

5

DAYS

2

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as splinner,  
sawyer, bookkeeper, etc.

Retired Farmer

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kingston, Mo.

FATHER

13. NAME

James Swartz

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

Lumberton

MOTHER

15. MAIDEN NAME

Nancy Sumner

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

Kingston Mo.

17. INFORMANT  
(ADDRESS)

D. Swartz, Coville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Coville

DATE

Dec 6 35

19. UNDERTAKER  
(ADDRESS)

Dr. H. Reed, Coville, Mo.

20. FILED

Dec 10, 1935 Mrs. Ed. McCray

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Dec. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov-28, 1935, to Dec-5, 1935

I last saw him alive on Dec-4, 1935. Death is said

to have occurred on the date stated above, at 1 pm.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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

(Signed) O. Kilbourn, M. D.

(Address) Coville, Mo.

