

JAN 18 1936

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

Do not use this space.

40557

1. PLACE OF DEATH

County  Perry  Registration District No.  657   
Township  Blueau  Primary Registration District No.  5874   
City (No. ....) St. .... Ward (No. ....)

File No. ....  
Registered No.  18

2. FULL NAME  Eva Swan

(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  Female  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married   
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Cyron Swan   
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  Not known   
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
 79   —   —   
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  Housewife   
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  Home   
10. Date deceased last worked at this occupation (month and year)  Nov. 19, 1935  11. Total time (years) spent in this occupation  50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Not known

13. NAME  Not known

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

15. MAIDEN NAME  Not known

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

17. INFORMANT (ADDRESS)  W. M. Kewinger

18. BURIAL, CREMATION, OR REMOVAL PLACE  Wittenburg  DATE  12-5-1935

19. UNDERTAKER (ADDRESS)  J. J. Ferrick, Perryville Mo.

20. FILED  12-3-1935   Adolph G. Schmidt  Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  December 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from  Nov. 6<sup>th</sup>, 1935 , 19 , to  Dec. 3rd , 19 35   
I last saw her alive on  Dec. 2nd , 19 35  Death is said to have occurred on the date stated above, at  9:45 a.m.

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

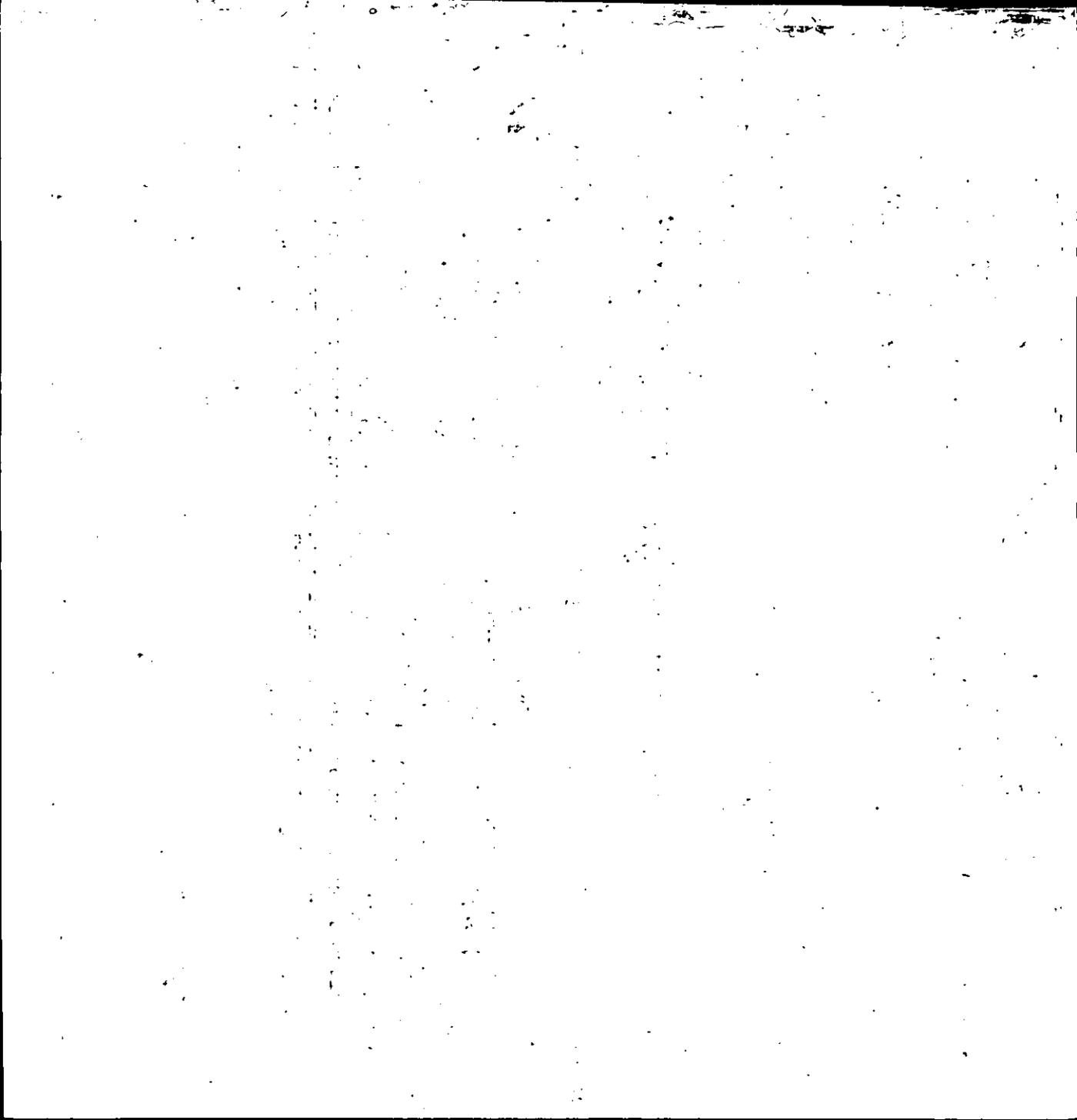
Hemia   
 Arteriosclerosis   
Date of onset  1 week   
Other contributory causes of importance:  None

Name of operation  None  Date of  do   
What test confirmed diagnosis?  Hist. test  Was there an autopsy?  do

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  Theodore Fischer , M. D.  
(Signed)  Altenburg, Mo.   
(Address) .....



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

Do not use this space.

**1. PLACE OF DEATH**

County Perry Registration District No. 657 File No. \_\_\_\_\_  
 Township Wagner Primary Registration District No. 5574 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eva Swan

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 79

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. \_\_\_\_\_  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 2-12- 1926 H. Adolph G. Schmidt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1930

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Arteriosclerosis  
Chronic Nephritis

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) Theo. Fischer M. D.

(Address) Altenburg mo

S-40557