

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 25 1936

2705-d

1. PLACE OF DEATH

County St. Francis Registration District No. 33
Township Randolph Primary Registration District No. 6.024 B
City Leadwood Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Bessie Large
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 2 17

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. _____
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) Alleganville Mo.

13. NAME Frank Swanson

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

15. MAIDEN NAME Josie Swanson

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

17. INFORMANT Charles J Large
(ADDRESS) Leadwood mo

18. BURIAL, CREMATION, OR REMOVAL PLACE K.P. Cemetery DATE Jan. 30 1936

19. UNDERTAKER J. S. Boyd
(ADDRESS) Leadwood mo

20. FILED April 21 1936 W. Edruechon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23-1936 to 1-27-1936

I last saw her alive on 1-27-1936 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Lobar Pneumonia
108
Other contributory causes of importance:
Ball Stone
and Pleurisy

Name of operation none 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? No
If so, specify _____

(Signed) D. H. Gale, M. D.
(Address) Bismarck Mo.

