

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

Do not use this space.

Mar. 23 1936

5650

1. PLACE OF DEATH

County Lewis
 Township Franklin
 City New Franklin (No. _____)

Registration District No. 380
 Primary Registration District No. 4224

File No. _____
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Fritz Swartz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 3 12

OCCUPATION 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. Own home
 10. Date deceased last worked at this occupation (month and year) About Jan. 1933 11. Total time (years) spent in this occupation. Lif.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berksheimer Mo.

MOTHER 13. NAME Henry Fitzmeyer

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

15. MAIDEN NAME Not Attainable

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

17. INFORMANT (ADDRESS) Mr. Fritz Swartz New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 2/12/36 19.

19. UNDERTAKER (ADDRESS) C. D. Deussen New Franklin Mo.

20. FILED 2-20 19. 36 J. B. Fleet Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/36 19

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1936 to 2-10, 1936
 I last saw h. alive on 2-10-36, 1936 Death is said to have occurred on the date stated above, at 2:00 pm.

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

Cerebral hemorrhage Date of onset 2-6-36

Other contributory causes of importance: Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. B. Fleet M. D.
 (Address) New Franklin 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.

