MAR 12 1936

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

Do not use this space.

791

8019

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1690

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 2319, S. Compton St. ..... Ward)

2. FULL NAME Levina Jane Swain

(a) Residence, No. Same St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L. Swain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1860

7. AGE: YEARS 76 MONTHS 0 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

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. .....
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) Illinois

FATHER
13. NAME David Dye
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Ernest Swain 2229a S. 11th., St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Feb. 18, 1936

19. UNDERTAKER (ADDRESS) Allen W. Mc Laughlin 2301 Lafayette Ave.

20. FILED FEB 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Feb 14, 1936
I last saw her alive on Feby 10, 1936 Death is said to have occurred on the date stated above, at 12 M m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 4 days

82a

Other contributory causes of importance: Arteriosclerosis — 4 years

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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) 3844 Calif

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.