

JUN 26 1936

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

Do not use this space.

20501

1. PLACE OF DEATH

County St. Francois
Township St. Francis
City Farmington (No. _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

Emmitt Edwin Swink

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

Length of residence in city or town where death occurred 50 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kellie Swink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>#</u>	<u>11</u>	<u>2</u>	

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

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) Dec 26 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

13. NAME Emmitt Edwin Swink

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

15. MAIDEN NAME Grace Shackelford

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

17. INFORMANT Dr. Swink - Farmington (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic at Farmington Mo. DATE May 6 1936

19. UNDERTAKER Farmington Mch. Co. (ADDRESS) _____

20. FILED May 5 1936 B. G. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933, to May 4 1936

I last saw him alive on May 4 1936. 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:

Chronic Interstitial Nephritis Date of onset 1930

Other contributory causes of importance: Hypertension 1930

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 Geo. H. Walters, M. D.

(Signed) _____ (Address) Farmington Mo.

