

OCT 5 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St Louis

Registration District No. 791Primary Registration District No. 1003File No. 35911Registered No. 9588

## 2. FULL NAME

(a) Residence, No. 7327 MARIETTA AVE, MARION MO.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                       |                                                                                                                    |                                                                           |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                               | 4. COLOR OR RACE<br><u>White</u>                                                                                   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Albert Swalls</u>  |                                                                                                                    |                                                                           |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1867</u>                          |                                                                                                                    |                                                                           |
| 7. AGE                                                                                | YEARS<br><u>69</u>                                                                                                 | MONTHS<br><u>6</u>                                                        |
|                                                                                       | DAYS<br><u>24</u>                                                                                                  | IF LESS than 1 day, ..... hrs. or ..... min.                              |
| OCCUPATION                                                                            | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Stenographer</u> |                                                                           |
|                                                                                       | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>M. P. R. R.</u>           |                                                                           |
|                                                                                       | 10. Date deceased last worked at this occupation (month and year)<br><u>Feb 15 - 1936</u>                          | 11. Total time (years) spent in this occupation. <u>29</u> yrs.           |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Galumbers Indiana</u>          |                                                                                                                    |                                                                           |
| FATHER                                                                                | 13. NAME <u>F. M. Motheishead</u>                                                                                  |                                                                           |
|                                                                                       | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kentucky</u>                                                |                                                                           |
| MOTHER                                                                                | 15. MAIDEN NAME <u>Caroline Morris</u>                                                                             |                                                                           |
|                                                                                       | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kentucky</u>                                                |                                                                           |
| 17. INFORMANT <u>735 Maple Place, Washington, D. C. J. M. Wallace</u>                 |                                                                                                                    |                                                                           |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walhall a cem</u> DATE <u>Sept 19 1936</u> |                                                                                                                    |                                                                           |
| 19. UNDERTAKER <u>Parker and Co Webster, Kansas Mo</u>                                |                                                                                                                    |                                                                           |
| 20. FILED <u>SEP 17 1936</u> Registrar <u>J. T. Bredeck</u>                           |                                                                                                                    |                                                                           |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 - 28 - 1936 to 9 - 16 - 1936

I last saw her alive on 9 - 16 - 1936. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

BRONCHOPNEUMONIA Date of onset 9-14-36

Other contributory causes of importance:

Hemiplegia Caused  
LT - My stroke  
3-3-36  
FRacture of lumbar spine 3-19-36

fell in Bathroom at home  
caused by weakness from stroke  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3-19-36

Where did injury occur? at home St Louis Co Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of lumbar spine  
Nature of injury fell to Bathroom floor

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. Straul M. D.(Address) MISSOURI PACIFIC Hosp.

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.

