

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.

1. PLACE OF DEATH

County Vernon
Township Osage
City (No. _____, _____ St. _____ Ward)

Registration District No. 871
Primary Registration District No. 6135

File No. 87415
Registered No. 100

2. FULL NAME

Jacob Harold Swope

(a) Residence, No. RFD # 3 High Hill 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 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 (use the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zella Swope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7 1887

7. AGE YEARS 49 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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. 8th/36 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME Jacob H Swope

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

MOTHER 15. MAIDEN NAME Emma Louisa Kirpatrick

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

17. INFORMANT (ADDRESS) Mrs. Jacob Swope Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Carbon Center DATE Dec. 17th 1936

19. UNDERTAKER (ADDRESS) Booth Funeral Service Rich Hill Missouri

20. FILED Dec. 16 1936 - C. W. Messer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15/36 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936, to Dec 15, 1936

I last saw him alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 9:50 A.

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

Pneumonia
(Bronchial or Lobular)

Date of onset 12/9/36

Other contributory causes of importance:

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? _____ 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) T. J. Smith, M. D.
(Address) Rich Hill, Mo.

