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.

JUN 23 1937

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

Do not use this space.

1. PLACE OF DEATH Chillicothe.
County Livingston. Registration District No. 508 File No. 20591
Township ~~Chillicothe~~. Primary Registration District No. 3026 Registered No. 87
City Chillicothe, (No. ..., ..., St. ..., Ward)

2. FULL NAME William Albert Swope. M.D.
(a) Residence, No. Wheeling, Mo. St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Estella Swope
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1861
7. AGE: 13 YEARS: 76 MONTHS: - DAYS: 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician. M.D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Medical Practice
10. Date deceased last worked at this occupation (month and year) May 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clayton. Adams Co. Ill.

FATHER
13. NAME: Albert F. Swope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville. Ky.

MOTHER
15. MAIDEN NAME: Caroline Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Collinsville. Ky.

17. INFORMANT (ADDRESS): Mrs. W. A? Swope Wheeling Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy Ill. DATE May 27th 1937
19. UNDERTAKER (ADDRESS): Smiley Funeral Home Wheeling, Mo.
20. FILED May, 25, 1937 Donald M. Russell Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 37
22. I HEREBY CERTIFY, That I attended deceased from Jan -1- 1936, to May 24- 1937
I last saw him alive on May 24 1937. Death is said to have occurred on the date stated above, at 6 50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? No
If so, specify .....
(Signed) Rubert Borray M. D.
(Address) Chillicothe Mo.

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