

SEP 21 1937

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

Do not use this space.

31368

1. PLACE OF DEATH
74 County Nodaway Registration District No. 627
Township Pickering Primary Registration District No. 4377
City Pickering (No. St. Ward)

2. FULL NAME Rhoda Ann Swaney
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed e

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Swaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 30

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to Aug 2, 1937
I last saw her alive on July 20, 1937 Death is said to have occurred on the date stated above, at 3:05 p.m.
The principal cause of death and related causes of importance were as follows:

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.....

Carcinoma of ascending colon.

Other contributory causes of importance: None

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Clearmont, (STATE OR COUNTRY) Mo.

13. NAME Nelson Wilder, (STATE OR COUNTRY) Ky.

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

15. MAIDEN NAME Nancy Cooper, (STATE OR COUNTRY) Alabama.

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

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

17. INFORMANT Mrs. Randolph Holt, (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Aug. 3, 1937

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.

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED Aug 3, 1937 Mrs. Lloyd Killion Registrar.

Manner of injury 1
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) A. M. Hallie Jr, M. D.
(Address) Maryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

