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

2682
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN — Registration District No. 295
(b) Township — Primary Registration District No. 4179 — Registered No. 4
(c) City Sullivan — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 11 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY JANE SWYERS 620
(a) Residence, No. ..... Sullivan, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Wm. Swyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Steelville (STATE OR COUNTRY) Missouri

FATHER
13. NAME Wm. Kinworthy
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Hopkins
16. BIRTHPLACE (CITY OR TOWN) Steelville (STATE OR COUNTRY) Missouri

17. INFORMANT Wm. Swyers (ADDRESS) Sullivan, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville DATE Jan. 22, 1938

19. FUNERAL DIRECTOR L. J. Jonas (ADDRESS) Steelville, Missouri

20. FILED ....., 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 20, 1938
I last saw him alive on June 20, 19..... Death is said to have occurred on the date stated above, at 11:15 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Chronic nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. 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) [illegible], M. D.
(Address) [illegible] Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 24 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3394 or by Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Laff

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2682
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 295
(b) Township — Primary Registration District No. 4179 — Registered No.
(c) City Sullivan — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Swyers
(a) Residence, No. ..... St. ☐
(Usual place of abode if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Wm Swyers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13. 1882.
7. AGE: YEARS 55 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville Missouri

FATHER
13. NAME: Wm Kinworthy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville Mo

17. INFORMANT (ADDRESS): Wm Swyers Sullivan Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville DATE Jan 22, 1938
19. FUNERAL DIRECTOR (ADDRESS): L. J. Jones Steelville Mo
20. FILED 1/21, 1938 Edgar W. Laffoon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 20, 1938
I last saw her alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo Carditis	
Other contributory causes of importance: Chr Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Cln 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 .....
(Signed) W. H. Duckworth, M. D.
(Address) Sullivan Mo

SUPPLEMENTARY

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

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Town Ship ..... Primary Registration District No. ..... Registered No. .....

(c) City ..... (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write the name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. ..... St. ☐

(If not residence, give city or town and State)

1938
S-2682

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date discontinued last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to 19

I last saw him alive on ..... 19 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:

Date of onset

Other contributory causes of importance:

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

(Signed) ..... M. D.

(Address)