

REC'D MAR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Missouri Registration District No. 566  
 Township Charleston Primary Registration District No. 5762  
 City Charleston (In) St. \_\_\_\_\_ Ward)

File No. 7472  
 Registered No. 25  
 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. Ellen Ruth Swayzer 260  
 (Usual place of abode) RFD #2 100 W. Williams Ave (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
7 0 0 0 0

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

At home

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

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

13. NAME Allen Swayzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

15. MAIDEN NAME Corinne Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

17. INFORMANT (ADDRESS) Allen Swayzer of Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery, Charleston, Mo., May 1, '38

19. UNDERTAKER (ADDRESS) Frank J. Vernon, Charleston, Mo.

20. FILED 3-2-38 1938 F. J. Vernon Registrar. 500

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1938 10:PM

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28<sup>th</sup>, 1938 to Feb. 28, 1938

I last saw him alive on Feb. 28<sup>th</sup>, 1938 Death is said

to have occurred on the date stated above, at 10:PM m.

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

Enterocolitis

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis clinical symptoms 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) Frank J. Vernon \_\_\_\_\_, M. D.

(Address) Charleston, Mo.

