

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

10045
 Do not use this space.

REC'D APR 1 8 1938

1. PLACE OF DEATH

(a) County Barry Registration District No. 4753
 (b) Township Pleasant Ridge Primary Registration District No. 56373 Registered No. _____
 (c) City _____ (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 Viola Swadley 340

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Onas Swadley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
31 1 1

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) Grove Spring
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John F. Williams

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

MOTHER 15. MAIDEN NAME Angie Snow

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

17. INFORMANT Clarence Williams,
 (ADDRESS) Grove Springs, Mo.

18. BURIAL PLACE McBride Cemetery DATE Mar. 25, 1938

19. FUNERAL DIRECTOR Callaway's
 (ADDRESS) Monett, Mo.

20. FILED 4/10 1938 [Signature]
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1938, to Mar. 22, 1938.
 I last saw her alive on Mar. 21, 1938. Death is said to have occurred on the date stated above, at 12:15 A.
 The principal cause of death and related causes of importance were as follows:

Head & Respiratory failure
Influenza complicated
with Broncho pneumonia.

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis Physical & lab findings 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) W. E. Heinlein
 (Address) Verona, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3179

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

L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Buchanan
Licensed Embalmer No. 3179

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