

NOV 21 1938

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

Do not use this space.

35788

1. PLACE OF DEATH

County Harrison

Registration District No. 334

Township

Primary Registration District No. 4197

City Bethany

(No. _____ St. _____ Ward _____)

File No. _____

Registered No. 57

2. FULL NAME Fronia C. Switzer

(a) Residence, No. _____ St. _____ Ward Ridgeway, Missouri

(Usual place of abode)

(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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Charles Switzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1872

7. AGE

YEARS

66

MONTHS

7

DAYS

3

If LESS than 1 day, _____ hrs. or _____ min.

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) Aug. 1938

11. Total time (years) spent in this occupation 45

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

Osceola Iowa

FATHER

13. NAME

Marion Collier

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

Unk Ohio

MOTHER

15. MAIDEN NAME

DeLong

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

Unk

17. INFORMANT

(ADDRESS) Ridgeway, Missouri

18. BURIAL, CREMATION OR REMOVAL

PLACE Ridgeway DATE Oct 1, 1938

19. UNDERTAKER

(ADDRESS) Ridgeway, Missouri

20. FILED

10365, 1938 A. L. Woodbury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) - Sept. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from

9-17, 1938, to 9-28, 1938

I last saw her alive on 9-28, 1938. Death is said to have occurred on the date stated above, at 10:30 p.

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

Chronic myocarditis

Date of onset 1936

Other contributory causes of importance:

Chronic Parenchymatous nephritis 1937

Name of operation None

Date of _____

What test confirmed diagnosis? None 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. L. Hawks

M. D.

(Address) Bethany Mo

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.

