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DEC'D NOV 17 1938

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

38486

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3632
City Sedalia (No. 323 North Prospect) St. _____ Ward _____

File No. 281
Registered No. 668

2. FULL NAME Edith Swope
(a) Residence, No. Sedalia RFD # 4. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Swope</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1879</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>William Cunningham</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Sallie Williams</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
17. INFORMANT <u>J. H. Swope</u> (ADDRESS) <u>Sedalia Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Herman</u> DATE <u>Oct. 7, 1938</u>				
19. UNDERTAKER <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>				
20. FILED <u>10-7</u> 19 <u>38</u> <u>J. H. Swope</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1938, to Oct. 5, 1938
I last saw her alive on Oct. 6, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma left ovary Date of onset 1938

Other contributory causes of importance: none

Name of operation none Date of none
What test confirmed diagnosis? clinical 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) Chas. J. Swope, M. D.
604 (Address) Sedalia 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.

RECEIVED
District Health Officer No. 8,
District File Number 11/8/38
Date Filed