REG'D JAN 24 1939

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

Do not use this space.

File No. 43473

Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Mt Dorcella
City: ... Ohs. ... St. ... Ward)
Registration District No. 419
Primary Registration District No. 5573

2. FULL NAME: Mary Swindle
(a) Residence. No. ... St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. — mos. 4 ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

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: Frank Swindle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 5 - 1865

7. AGE: Years 63 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home Duty
(c) Name of employer: own House

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: David Morrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Dye
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Virginia

14. INFORMANT: Frank Swindle
(Address): La Russell Mo

15. FILED 11-25, 1938 Thos H Powell
377 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 18, 1928, that I last saw her alive on May 10, 1928, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio nephritis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(duration) 45 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) W. L. York, M. D
, 19 (Address) Sarcoxie Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Harvey Vent
DATE OF BURIAL: May 21 1928
20. UNDERTAKER: Sarcoxie Undr Co
ADDRESS: Sarcoxie Mo
by R C Young

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-865
Date Filed DEC 19 1938

Powell
Stoutt Cty
Mo