OCT 19 1939

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

32900
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston 2 Registration District No. 516
(b) Township Wheeling 1 Primary Registration District No. 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 20 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 326 Frank Leonard Switzer
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Effie Switzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31 1880

7. AGE: YEARS 59 | MONTHS 1 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.: PUBLIC SCHOOL
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford, Missouri 0

FATHER
13. NAME: John Switzer 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know 1

MOTHER
15. MAIDEN NAME: Emma Jackon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Effie Switzer, Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling DATE Sept 7 1939

19. FUNERAL DIRECTOR (ADDRESS): F.L. Smiley Funeral Home, Wheeling Mo

20. FILED ....., 19..
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT. 5TH, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1939, to Sept. 5TH, 1939
I last saw him alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at 10:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL - HEMORRHAGE,	Sept. 5
GENERAL ARTERIOSCLEROSIS.	- ?

Other contributory causes of importance: Hypertension

82 W

Name of operation — Date of —
What test confirmed diagnosis? — 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) D. F. Youll, D.O., ~~M.D.~~
(Address) Wheeling, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

RECEIVED
District Health Officer No. 11,
District File Number 1039-1365
Date Filed OCT 17 1939

STATEMENT BY LICENSED EMBALMER

I, FRANK L. SMILEY, Licensed Embalmer No. 470

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

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH
(a) County Livingston — Registration District No. 516
(b) Township Wheeling — Primary Registration District No. 3682 — 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 Frank Leonard Switzer
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie Switzer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-31-1880
7. AGE: YEARS 59 — MONTHS 1 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.: Public School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Mo.

FATHER
13. NAME: John Switzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Emma Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs Effie Switzer Wheeling Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Wheeling DATE: Sept 7 1939
19. FUNERAL DIRECTOR (ADDRESS): F. L. Smiley Funeral Home Wheeling Mo
20. FILED 9/7 1939 Mrs L Boone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939, to Sept 5, 1939
I last saw him alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral - Hemorrhage	
General arteriosclerosis	

Other contributory causes of importance: Hypertension

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
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Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. F. Youll, M. D.
(Address) Wheeling Mo

SUPPLEMENTARY