

NOV 24 1939

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

35898
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township Boonville Primary Registration District No. 3012 Registered No. 112
(c) City Boonville (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 Mrs Jennie Swab.

(a) Residence, No. 301 E Spring St 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 Chas. Swab.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 23

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. At Home
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation _____

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

13. NAME Fountain North

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

15. MAIDEN NAME Mary Wornald

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

17. INFORMANT (ADDRESS) Dr Chas Swab
Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Oct 11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boedman & Co
Boonville Mo

20. FILED 10-10 1939 De Cooper local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939 to Oct 9, 1939
I last saw h. alive on Oct 8, 1939 Death is said to have occurred on the date stated above, at 12 Noon.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis
general atheroma
Date of onset _____
Other contributory causes of importance: myocarditis

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? _____
(Specify) _____
(Signed) C. H. Van Zandt M. D.
(Address) Boonville

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.

50M-1-12-38 I X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/11/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed G. F. Keller

Licensed Embalmer No. 3062

P. O. Address Brooklyn, N.Y.

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.)

If this body is not embalmed, above space should be left blank.