

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

Registration District No. 2675 Primary Registration District No. 5141 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Calhoun  
(b) City or town Cowgill  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 2 1/2  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Elizabeth Switzer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 27 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace La Fayette Co, Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Johnathan M. Hayzoner  
13. Birthplace La Fayette Co. Pa. (City, town, or county) (State or foreign country)  
14. Maiden name Edith Parral  
15. Birthplace La Fayette Co Pa. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Hayzoner  
(b) Address Cowgill

17. (a) Burial (b) Date thereof May 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Pleasant Hill Cemetery

18. (a) Signature of funeral director C. A. Reed  
(b) Address Cowgill Mo.

19. (a) May 25 1940 (b) Mrs M. D. Forbes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 23 year 1940 hour 6 minute am M. 1940.  
21. I hereby certify that I attended the deceased from May 21 1940, to May 23 1940; that I last saw her alive on May 21 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia secondary to influenza Duration ?  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) !!!  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 90  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Geo. S. Dowell (M. D. or other) \_\_\_\_\_  
Address Raymer Mo. Date signed May 27 40

RECEIVED

District Health Officer No. 111

District File Number

740-1193

Date Filed

JUL 11 1940

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. 21

working under my personal supervision.

Signed

*C. Reed*

Licensed Embalmer No.

2194

P. O. Address

Congill, Mo.

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21341**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **95**

Primary Registration District No. **5141**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County **Caldwell**  
(b) City or town **Lincoln T. P.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell**  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

**Mary Elizabeth Switzer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 27 1858**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lafayette Co. Pa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Jonathan Wagoner**

13. Birthplace **Lafayette Co. Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Pearson**

15. Birthplace **Lafayette Co. Pa.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm Wagoner**  
(b) Address **Cowgill Mo.**

17. (a) **burial** (b) Date thereof **5 23 '40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cowgill Cemetery**

18. (a) Signature of funeral director **C. A. LaRue**

(b) Address **Cowgill Mo.**

19. (a) **5/28/40** (b) **Mrs. M. D. Forbes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **May** day **23**  
year **1940** hour \_\_\_\_\_ minute **9** A. M.

21. I hereby certify that I attended the deceased from **May 21**  
**1940** to **May 23** **1940**  
that I last saw her alive on **May 20** **1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**broncho pneumonia**  
**secondary to influenza**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **HW**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Geo. S. Powell** (M. D. or other) \_\_\_\_\_

Address **Braymer Mo.** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

THE HISTORY OF THE  
CITY OF BOSTON

The history of the city of Boston is a story of growth and resilience. From its founding in 1630, the city has evolved from a small settlement to a major center of commerce and industry. The city's location on a narrow neck of land between the harbor and the mainland has shaped its development, making it a natural port and a center of trade. The city's history is marked by significant events, including the American Revolution and the Boston Tea Party. The city's architecture and landmarks, such as the Freedom Trail, are a testament to its rich history. The city's population has grown steadily over the years, and it remains one of the most densely populated cities in the United States. The city's economy is diverse, with a strong focus on technology, finance, and education. The city's culture is vibrant, with a mix of old-world charm and modern amenities. The city's history is a source of pride for its residents, and it continues to shape the city's identity and future.