

FILED AUG 16 1949

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

Do not use this space.

25059

## 1. PLACE OF DEATH

County GentryRegistration District No. 309Township AlbanyPrimary Registration District No. 4185City Albany (No. 1)File No. 31Registered No. 31St. Albany Ward 12. FULL NAME Carrie Evelyn Swetnam(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 yrs. mos. 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I. N. Swetnam6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 0 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
10. Data deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     12. BIRTHPLACE (CITY OR TOWN) Elgin (STATE OR COUNTRY) Illinois13. NAME Milton Stark14. BIRTHPLACE (CITY OR TOWN) Elgin (STATE OR COUNTRY) Illinois15. MAIDEN NAME Lucretia Grow16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Raymond Yeator (ADDRESS) Albany, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE July 10-4119. UNDERTAKER Clifford Brooks (ADDRESS) Albany, Missouri20. SIGNATURE July 9, 1941, W. T. Martin Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8-41, 194122. I HEREBY CERTIFY, That I attended deceased from April 19, 1941 to July 8, 1941I last saw him alive on July 8, 1941. Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetis Date of onset 6/1Other contributory causes of importance: Common ResidentName 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: 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?                     If so, specify                     (Signed) J. N. Barger, M. D.(Address) Albany

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.

