FILED MAR 10 1942

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

Do not use this space.

8179

File No.

Registered No.

1. PLACE OF DEATH

County North

Township MiddleFork

Registration District No. 9-3

Primary Registration District No. 1-201

City (No. , St. Ward)

2. FULL NAME Florence Elizabeth Swain

(a) Residence, No. North St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Ruben Swain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 22 1864

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North County, Missouri

FATHER

13. NAME John Costin

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

MOTHER

15. MAIDEN NAME Louisa Asher

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

17. INFORMANT James Swain
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forsyth DATE Mar 8 1942

19. UNDERTAKER Hayes Lundgren
(ADDRESS) Forsyth Mo

20. FILED Mar 7, 1942 Arline Scaddan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1942 to March 8, 1942

I last saw h... alive on March 5, 1942 Death is said to have occurred on the date stated above, at ....m.

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

Gall Stones — Date of onset

Other contributory causes of importance: 126

Name of operation None 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) John Lundgren, M. D.

(Address) Grant City

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.

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