BIRTH MO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No. 20 1. PLACE OF DEATH a. COUNTY Ralls, D. CITY (If outside corporate limits, write RURAL and give township) TOWN Perry, Mo. C. LENGTH OF STAY (In this place) C. CITY (If outside corporate limits, write RURAL and give township) TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. C. CITY (If outside corporate limits, write RURAL and give town	I FILED JUL	30 1951				EALTH OF MISSO				വരാ	YO.
I. PLACE OF DEATH a. COUNTY Ralls, b. CITY of ontwided somportus limits, write NURAL and dress. OR PETTY, MO. 2. USUAL RESIDENCE (Where dosseed though I distribution: residence of the County Ralls, and the County Ralls,			31	ANDAR		•					79
a. COUNTY Ralls, D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. STAT (If you developed links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL and give property). D. CITY (If outdets corporate links, write RUPAL). D. C. CITY (If outdets outgets out property). D. C. CITY (If outlets developed links, write RUPAL). D. C. CITY (If outlets RUPAL). D. C. CITY (If outlets developed links, write RUPAL). D. C. CITY (If outlets developed links, write RUPAL). D. C. CITY (If outlets RUPAL). D. C. CITY (If outlets developed links, write RUPAL). D. C. CITY (If outlets developed links, write RUPAL). D. C. CITY (If outlets developed links, write RUPAL).			REG.	DIST. NO.	292		т. но. <u>44</u>	235_{R}	rgistrar's No	<u>, 20</u>	
D. CITY (II counted sorporate limite, write BUBAL and erre tormality) TOWN POTY, MO. TOWN POTY, MO. FORTY, MO. FORTY, MO. G. FILL NAME OF (II so it is begind or institution, cire steems address or forestood MOSPITAL OF	a. COUNTY	Ralls,				STATE					ezce befor admission
d. FIRETTION Perry, MISSOURI. 3. NAME OF MESTITION Perry, MISSOURI. 4. DATE (Menth) (Day) (Year Mestin) (Da	TÖŴN	Perry.Mc). <u>.</u>	township) S	mate هاده می TAY PYYYS	C. CITY (If outside a	corporate limite	, write RURA	L and give too	raship)	211
DAME OF DECEASED PANNI HOWARD BOOK SEX HOWARD FORCES IN SEX MILE STATEMENT SIGNATURE OR NAME KATE DEATH OF SIGNATURE OR NAME KATE DEATH OF SIGNATURE OR NAME FOR COUNTY OR COUNTY SIGNATURE OR SIGNATURE	d. FULL NAME OF (HOSPITAL OR INSTITUTION	Perry	institution. M 1 880	give street ad	dress or location)	d. STREET	(If rural,	give location)		7	
SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WILL OCT. 24, 1894 5. AGE (gr prants 10 miles 10 m				-	•			4. DATE	(Month)	(Day)	(Year)
DA. USLAL OCCUPATION (Give shied of work) Bale Sman			7. MAE WID	RRIED, NEVE	R MARRIED,		1894	9. AGE (In	POATS IF UNDE	N 1 12AN 15 to	OEN # NES.
William Swift Sb. Mother's Maiden Name Ida M. Swift Ida M. S	Da. USUAL OCCUPATION done during most of working Salesm	19ь. К		ALICT DV	11. BIRTHPLACE (State or foreign country)				12. CITIZEN COUNTRY	OF WHAT	
NO. Mrs Ida Swift Perry, Misse Statement of Service NO. Mrs Ida Swift Perry, Misse No. Medical Certification (No.), (No.), and (e) *This does not mean to mote of dring, such the disconsistents, it. It means the disc. It means the disconsistents, it. It means the disconsistent of the dring dring cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Due Malor Finding or conditions contained death. Due To (c) III. OTHER SIGNIFICANT CONDITIONS Due To (c) III. OTHER SIGNIFICANT C		m Swift	<u> </u>			NAME	14. NAM	E OF HUSB	AND OR WI	[U ⊕ i FE) • A •
B. CAUSE OF DEATH Inter only one course per no for (a), (b), and (c) "This does not mean is mode of dying, such hard faller, or extension, it is to the above cause (a) stating it underlying course last. ANTECEDENT CAUSES DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions, yf any, giving DUE TO (b) DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting deeth. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting deeth. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting deeth. III. OTHER SIGNIFICANT CONDITIONS CONDITION III. OTHER SIGNIFICANT CONDITIONS AND AUTOPSY? YES MO AND AUTOPSY? YES MO AND AUTOPSY? YES MO AND AUTOPSY? YES MO COUNTY) (COUNTY) (COUNTY) (STATE) ADDITION INTERVAL BETM ONSEY MID CONTRIBUTIONS ANTECEDENT CAUSES.	i. WAS DECEASED EVE Yes. no. or unknown) (II NO .	R IN U.S. ARMED	FORCES? of service)	NO. NO.							
Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDIT	Inter only one cause per	I. DISEASE OR C DIRECTLY LEAD	ONDITION ONG TO D	N : EATH*(a) _	MEDICAL		raul	via		I INTERVAL	STWEEN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition constributing to the death but not related to the disease or condition coursing death. Sa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (a.g., to or about SUICIDE HOMICIDE Lick Creek Lick	he mode of dying, such us heart fallure, asthenia, ic. It means the dis-		, if any, giving DUE TO (b)			may Schning.			•	1 yes	1.
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 10a. ACCIDENT SUICIDE HOMICIDE 10b. PLACE OF INJURY (a.g., to or about home, farm, fastory, extreet, office bidg., exe.) 10c. TIME OF INJURY 10c.		II. OTHER SIGNIFICANT CONDITIONS				ros my condial infances			and	3/21	no.
216. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. I hereby certify that I attended the deceased from 3-28-51 19 that I last saw the deceased alive on 7-13-51, 19 that I last saw the deceased alive on 7-13-51, 19 that I last saw the deceased alive on 7-13-51, 19 that I last saw the deceased alive on 7-13-51, 19 that I last saw the deceased alive on 7-13-51 that I last saw the deceased alive on 7-13-51, 19 that I last saw the deceased						4201				20. AUTOP	SY7
INJURY WHILE AT NOT WHILE	Na. ACCIDENT (SUICIDE HOMICIDE	Specify)	21b. PLAC home, farm	E OF INJURY	(a.g., in or about . office bidg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)				(STAT	E)
A I hereby certify that I attended the deceased from 3-28-51 10 , to 7-13-51 19 , that I last saw the deceased alive on 7-13-51 , 19 , and that death occurred at 4:00A m., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 2b. ADDRESS M. D. 4a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BURIAL OF TOWN, or county) BURIAL OF TOWN, or county) Contract of the county of the causes and on the date stated above. 25c. DATE SIGNATURE 7-17-1951 Lickcreek Cemetery Perry, Missouri. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Perry, Mo'. (Licensed Embalmer's Statement on Riverse Side)	Id. TIME (Month) OF INJURY	(Day) (Year)		WHILEAT	NOT WHILE	21f. HOW DID INJUR	Y OCCUR?				
4a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State Burial U) 7-17-1951 Lickcreek Cemetery Perry, Missouri. DATE RECT BY LOCAL RESTSTRAR'S SIGNATURE 2/7 E. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Perry, Mo. (Licensed Embalmer's Statement on Riverse Side)	I hereby certify the	nat I attended t	he decea	sed from _	3-28-51	10 A., to	7-13-51	_, 19	that I las	t saw the d	eceased
4a. BURIAL CREMA- ION, REMOVAL (Epochtr) PUT 12.1		es.			egree or title)	23b. ADDRESS .			date state	1	
ATE REC'D BY LOCAL RESISTRAR'S SIGNATURE 2/7 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Perry, MO'. (Licensed Embalmér's Statement on Réverse Side)	1a. BURIAL, CREMA- ION, REMOVAL (Specific)	1	051	1	OF CEMETER	· - · · · · · · · · · · · · · · · · · ·	24d. LOCAT	ION (City, t		ity) (E	
(Licensed Embalmar's Statement on Reverse Side)	ATE REC'D BY LOCAL				. 267		CTOR'S SI	CHATURE	AL	DRESS	•
		· · · · · ·	ar c	(Licensed	Embelmer's S		de)	ue	2	T.T.A • MO	-

Date Received: JUL 2 7 1951 DISTRICT HEALTH OFFICE #2-District File Number 7-5-1-1334

Date Filed: JUL 27 1951

STATEMENT BY LICENSED EMBALMER

I hereb	y certify that	the body	y whose name i	s recorded o	n the reverse	side of this	certificate wa	s embalmed	by me, or	by	B-0-0-1
 	······································			************							
							E 4 4				

working under my personal supervision,

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, fact should be so stated above.