

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

Do not use this space.

1042

**1. PLACE OF DEATH**

County Honey Registration District No. 347  
Township Honey Creek Primary Registration District No. 5-4-91  
City Clinton (No. ....) St. .... Ward)

File No. ....  
Registered No. 8

**2. FULL NAME**

(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 45 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucas</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. J. George</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-3-1869</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>3</u>	DAYS <u>11</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Shuckeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... <u>235</u>			
	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) <u>Shelby County, Missouri</u>				
FATHER	13. NAME <u>John S. Swartz</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Jane Sally Sturges</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yulgowal, Mo.</u>			
17. INFORMANT (ADDRESS) <u>John E. Swartz, Clinton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>1-15-1931</u>				
19. UNDERTAKER (ADDRESS) <u>Dr. H. Sims, Clinton</u>				
20. FILED <u>1/17</u> 19 <u>31</u> <u>Ed. C. Peeler</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-1931

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1931, to Jan 14, 1931. I last saw her alive on Jan 14, 1931. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset 1-6-31

Other contributory causes of importance:  
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Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? No.  
If so, specify .....  
(Signed) R. P. Smith, M. D.  
(Address) Wash

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.

