

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.

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

Do not use this space.

MAY 22 1939

15816

1. PLACE OF DEATH
County Pike Registration District No. 683-
Township St. Albans Primary Registration District No. 4919 A
City Clarksville (N) _____ St. _____ Ward) _____
2. FULL NAME Arnilda Swanson
(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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1864
7. AGE YEARS 74 MONTHS 3 DAYS 30
If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Clarksville Mo
13. NAME Henry Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo
15. MAIDEN NAME Polly Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo
17. INFORMANT (ADDRESS) Helen B. Owen Clarksville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Buckshure DATE Apr 25 1939
19. UNDERTAKER (ADDRESS) Harry L. Barlow Clarksville Mo
20. FILED May 1 1939 H. J. Trautman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/39 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to April 24 1939
I last saw him alive on April 20 1939 Death is said to have occurred on the date stated above, at 12:30 A.
The principal cause of death and related causes of importance were as follows:
Chronic heart disease Date of onset Unknown
Arterio-sclerosis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
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) E. M. Barber M. D.
(Address) Clarksville Mo.

