

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

Do not use this space.

32240

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Manassas City, Mo. No. 1 Percy Hoop St. _____ Ward _____

File No. 3700
Registered No. 3700
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Super, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1924</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>4</u>
	DAYS <u>13</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>Cheer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</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) <u>Moniteau County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Walter Eugene Swinney</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Ella Clara Swinney</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Baskom Gule Swinney</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Super, Mo.</u> DATE <u>9th 1932</u>		
19. UNDERTAKER <u>Williams & Sons</u> (ADDRESS) <u>California Mo.</u>		
20. FILED <u>10-7-32</u> REGISTRAR <u>M. M. Crowe</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 10-7-32, 19____.

I last saw her alive on 10-7-32. Death is said to have occurred on the date stated above, at 2 P.M.

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

Diphtheria Date of onset 10-5-32

10-5-32

Other contributory causes of importance: Edema of Larynx

Name of operation Tracheotomy Date of 10-7-32

What test confirmed diagnosis Direct Smear 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 _____ (1)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Norman C. McKeever, M. D.
(Address) St. Lukes Hospital

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.

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