

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Coale

Registration District No. 213

File No. 16115

Township Jefferson

Primary Registration District No. 2014

Registered No. 138

City Jefferson (No.)

St. Ward

2. FULL NAME

(a) Residence, No. 721 Broadway St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack S. Swearingen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 33 55 11 26

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

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) Miller Co Mo

13. NAME Joy Elaine

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

15. MARRIAGE NAME Margaret McClain

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

17. INFORMANT (ADDRESS) Jack S. Swearingen

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapelton DATE 4-9-37

19. UNDERTAKER (ADDRESS)

20. FILED 4/10/1937 Supervisor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to April 7, 1937

I last saw him alive on April 6, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Coronary Thrombosis Date of onset

Other contributory causes of importance: Myocardial Infarction

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1937

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Smith M. D.

(Address) 626 Jefferson St

