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

Do not use this space.

13646

1929

1. PLACE OF DEATH
County: Washington — Registration District No.: 885
Township: Belgrade — Primary Registration District No.: 6183
City: ~~Belgrade~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Woods McSwain

(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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 29-1859

7. AGE: Years 69 — Months 5 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Caledonia
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Daniel McSwain
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Justina Woods
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Caledonia
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs J. P. Halgmann
(Address): Caledonia Mo

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1929, to March 6, 1929 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From History of case.
Cancer of Stomach
Sent medicine but did not
Call personally. about (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. H. Houston, M. D
, 19 (Address) Belgrade, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Thomas Chapple — DATE OF BURIAL: Mar 19 1929

20. UNDERTAKER: Herman White & Son — ADDRESS: Irontown Mo.

3-29

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County Washington — Registration District No. 885 — File No. .....

Township Belgrade — Primary Registration District No. 6183 — Registered No. .....

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Woods McSween

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Caledonia
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Daniel McSween
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Jerome Woods
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Caledonia mo

14. INFORMANT Mrs J. P. Holeman
(Address) Caledonia mo

15. FILED May 1929 Mrs Ella White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1929 to March 6, 1929 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From history of case. Cancer of stomach - Sent medicine but did not call personally about
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Can't State
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. G. Hauston, M. D
, 19 (Address) Belgrade mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Thomas Chapple	3/19 1929

20. UNDERTAKER	ADDRESS
Warren White & Son	Fronton mo

SUPPLEMENTARY

S-13646