

DEC 22 1930

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

Do not use this space.

36665

1. PLACE OF DEATH

County Luzerne
Township Washington
City..... (No.)

Registration District No. 464
Primary Registration District No. 5626

File No. 14
Registered No. 43
St. Ward)

2. FULL NAME

Gennie Marie Swilling

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canal Co., Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER A. L. Sholt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Berghina Hurlop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Geo Swilling
(Address) Odessa Mo

15. FILED 12/9 19 30 R. C. Chaoley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1930 to Nov 3rd 1930 that I last saw her alive on no 13th 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema and Dehydration

CONTRIBUTORY (duration) yrs. mos. ds. Enlarged Spleen removed
(SECONDARY) June 1st 1930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1st 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) R. C. Chaoley, M. D.

11/5 1930 (Address) Odessa 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

Mt. Sobor.

DATE OF BURIAL

11/5 1930

20. UNDERTAKER

L. C. Human

ADDRESS

Odessa

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

Name: Yarnie Marie Twilling

Who died at: Lafayette Co. on Nov 3, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 102a

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Empyema and Septicemia

Hypertrophy of Spleen

Contributory: Enlarged Spleen removed,
June 1st 1930

Where was disease contracted? _____

Did operation precede death? yes Date of _____

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

Name of physician: R. Chasley

Address of physician: Oessa Mo.

WHILE PLAINLY, WITH UNFADING INK... IS A PERMANENT... N. B.—Every item of information should be carefully sup... CAUSE OF DEATH...

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