

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

Do not use this space.

1080

1. PLACE OF DEATH

County Howard.
Township.....
City Fayette. (No.)

Registration District No. 376
Primary Registration District No. 4222

File No.....
Registered No. 6
St. Ward)

2. FULL NAME Miss Nannie Swinney.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th 1848

7. AGE YEARS 82 MONTHS 7 DAYS 8 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #
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) Virginia, (STATE OR COUNTRY) 2

FATHER 13. NAME John H. Swinney.

14. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Celina F. Jasper.

16. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY)

17. INFORMANT Mrs H. S. Wright, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette, DATE 1/29 31 19.

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette Mo.

20. FILED 2-8-31 1931 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 28 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to Jan 28 1931
I last saw her alive on Jan 28, 1931 Death is said to have occurred on the date stated above, at 7 a. m.

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

Cerebral Hemorrhage Date of onset 1-15-31

Other contributory causes of importance:

Chronic Arteriosclerosis 1920

Name of operation General Postmortem Date of 1-25-31
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify.....

(Signed) W. B. Bloom, M. D.
(Address) Fayette Mo.

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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W. B. Bloom

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no

W. B. Bloom
Fayette Mo.

