

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

Do not use this space.

1. PLACE OF DEATH

County Wasson
Township Cartersville
City Cartersville (No. _____)

Registration District No. 407
Primary Registration District No. 7971

File No. 34731
Registered No. 78
St. _____ Ward _____

2. FULL NAME

Miss Eliza L. Switzer
(a) Residence, No. Rt # 1 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 Female 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1845

7. AGE YEARS 86 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Yorkshire (STATE OR COUNTRY) England

13. NAME Kaye

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

15. MAIDEN NAME Unknown

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

17. INFORMANT E. R. Switzer (ADDRESS) White Ct. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Ch. 11/2 DATE 1931

19. UNDERTAKER Webb City Und. Co. (ADDRESS) Webb City Mo.

20. FILED 11/7 1931 R. M. Stormont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1931

22. I HEREBY CERTIFY that I attended deceased from Oct 15 1931 to Oct 31, 1931

I last saw her alive on Oct 28, 1931 Death is said

to have occurred on the date stated above, at 7:50 a.m.

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

Chronic Bronchitis Date of onset _____

10613
15 10613

Other contributory causes of importance:

Emphysema

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify P. A. Dumbauld (Signed) _____, M. D.

(Address) Webb City Mo

DEC 29 1931

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Zasper
Township _____
City Carterville (No. _____)

Registration District No. 407
Primary Registration District No. 4241

File No. _____
Registered No. 98-
St. _____ Ward _____

2. FULL NAME

Eliza L. Switzer

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Yorkshire England

FATHER 13. NAME Kaye

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT E. R. Switzer (ADDRESS) Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem. DATE 11/2/1937

19. UNDERTAKER (ADDRESS) Webb City Und. Co - Webb City, Mo

20. FILED _____, 19____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 - 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

chronic bronchitis
Other contributory causes of importance: senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) B. A. Dumbauld, M. D. (Address) Webb City, Mo

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

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD

SUPPLEMENTARY

S-34731