

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

Do not use this space.

40758-A

**1. PLACE OF DEATH**

County Holt  
Township Mendon  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 947  
Primary Registration District No. 3572

File No. 108  
Registered No. 108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George M. Swope  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 1/2 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**

Male

**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**

Elizabeth Swope

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 19 1859

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>9</u>	<u>26</u>	

**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) same  
(c) Name of employer same

**9. BIRTHPLACE (CITY OR TOWN)**

Holt Co Mo.  
(STATE OR COUNTRY)

**PARENTS**

**10. NAME OF FATHER** Christopher Swope

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

**12. MAIDEN NAME OF MOTHER** unknown

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

**14. INFORMANT**

Charles Swope  
(Address) Maple, Mo.

**15. FILED**

12/17 1931  
J. C. Cox  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 15 1931

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 6:00 P m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary artery  
occlusion

**CONTRIBUTORY (SECONDARY)**

94.5 (duration) yrs. mos. ds.  
91.6 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** History & Ex  
(Signed) Dr. Perry Parsons, M. D.  
Dec 15 1931 (Address) Madison City 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**

Baldwin Cem Dec 17 1931

**20. UNDERTAKER**

Lester Pettijohn Oregon Mo

N. B.—Every item of information furnished on this certificate is a matter of public record. The cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 4 1934

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