Tarpley

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

Do not use this space.

18836

1. PLACE OF DEATH

12 County Butler — Registration District No. 925 — File No.

Township Ash Hill — Primary Registration District No. 5134C — Registered No. 5

City (No. St. Ward)

2. FULL NAME Alice Genevieve Swain

(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: 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) Dec 6 - 1923

7. AGE: YEARS 8 — MONTHS 6 — DAYS 13 — If LESS than 1 day, hrs. or min.

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) Brosley Mo

FATHER

13. NAME Oliver Gen Swain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frisco Mo

MOTHER

15. MAIDEN NAME Flora D. Hisaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Oliver Gen Swain Fisk Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mole Hill DATE June 20, 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff Mo

20. FILED Aug 10 1932 Floyd Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 19, 1932 to , 19
I last saw her alive on June 19, 1932 Death is said to have occurred on the date stated above, at 1030 P.M.
The principal cause of death and related causes of importance were as follows:

Traumatic Tetanus

Injury Blow a nail of B of left knee

Date of onset

Other contributory causes of importance:

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) H. F. Tarpley, M. D.
(Address) Fisk

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.

AUG 22 1932