

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

Do not use this space.

35526

1. PLACE OF DEATH

County Linton
Township Lathrop
City (No. _____) _____

Registration District No. 206
Primary Registration District No. 5254

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Iva Irene Swindler

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Swindler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>24</u>	<u>0</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
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) Cedar Co, mo.

FATHER 13. NAME John Hammonds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co, mo.

MOTHER 15. MAIDEN NAME Nellie Plummer

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

17. INFORMANT Elmer Swindler
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE 11-23 1935

19. UNDERTAKER (ADDRESS) Do Not Print Lathrop Mo

20. FILED 11-29 1935 E. B. Dunlap
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 22 - 1935
I HEREBY CERTIFY that I attended deceased from Nov. 19 - 35 to Nov. 21 - 35

I last saw her alive on Nov. 21 - 35. Death is said to have occurred on the date stated above, 5 m.

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

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) J. J. Lonaford, M. D.
(Address) Lathrop, 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.

