

Dr. Bedford

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

Do not use this space.

19823

1. PLACE OF DEATH

County Cole
 Township
 City Jefferson (No. 2)

Registration District No. 213
 Primary Registration District No. 3014

File No. _____
 Registered No. 159 St. _____ Ward)

2. FULL NAME Emma Dora Swift(a) Residence, No. Canton St. 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-2-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 78 77 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Fulton, Mo.13. NAME H.A. Swift14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville, Ohio15. MAIDEN NAME Adeline F. Jordan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Masa.17. INFORMANT Mrs. E.E. Turner (ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE May-6- 193719. UNDERTAKER Arthur J. Gordon (ADDRESS) Jefferson City, Mo.20. FILED 5/5/37 Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/193722. I HEREBY CERTIFY, That I attended deceased from 2/1 1935 to 5/4/1937I last saw him alive on 5/4/1937 Death is said to have occurred on the date stated above, at 8 P.M.

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

Date of onset

Diabetes mellitusOther contributory causes of importance: 59Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) Dr. Bedford, M. D.(Address) Jeff. City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

