NOV 17 1937

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

Dr. Sayers
Do not use this space.

37691

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 1013
Township — Primary Registration District No. 2001 — Registered No.
City Springfield Mo. 636 Normal St. Ward)

2. FULL NAME Beulah Hyder Swinney
(a) Residence, No. 636 Normal 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Harvey C. Swinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1891

7. AGE: 35 — YEARS: 46 — MONTHS: 2 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Greene Co. Missouri

FATHER
13. NAME Ed Hyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Lena Peck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harvey C. Swinney Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Oct. 20 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield Mo.

20. FILED Oct 18 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Oct. 18 1937
I last saw her alive on Oct. 17 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus primary	

Other contributory causes of importance: 48

Name of operation Hysterectomy Date of Nov 17/36
What test confirmed diagnosis? Laboratory 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. B. Sayers, M. D.
(Address) 623 Woodruff

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.