

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.

JAN 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County AdairRegistration District No. 4Township 1Primary Registration District No. 3001City Kirksville, Mo. (No. Laughlin Hospital)File No. 44482Registered No. 228

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Eliza Marie Schwada(a) Residence, No. Shelbyville, Mo.

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)

Widowed

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

John W. Schwada

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

Sept. 24, 1871

## 7. AGE

YEARS

66

MONTHS

2

DAYS

16

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Shelby County, Mo.

## MOTHER / FATHER

13. NAME James Richardson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Eliza Patton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

## 17. INFORMANT (ADDRESS)

Mrs. Elena Rathjen  
Shelbyville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelbyville, Mo. DATE Dec. 10, 1937

## 19. UNDERTAKER (ADDRESS)

Davis Funeral Home  
Kirksville, Mo.

## 20. FILED

Dec. 10, 1937Spencer L. Freeman

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 6, 1937, to Dec 10, 1937I last saw her alive on Dec 10, 1937. Death is saidto have occurred on the date stated above, at 4 P. m.

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

Date of onset

Ball stones  
Jaundice

Other contributory causes of importance:

Torpidity from  
JaundiceName of operation Cholecystectomy Date of Sur.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) Chas. W. Lippert, M. D.(Address) 1417 W. Main St.

