LEC'D JAN 14 1939

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

42338
Do not use this space.

1. PLACE OF DEATH 2 85
(a) County Buchanan Registration District No.
(b) Township 1 Primary Registration District No. 1001 Registered No. 1216
(c) City St. Joseph, (d) Street No. 2228 Agency Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 130 Dora Elizabeth Swift,
(a) Residence, No. 2228 Agency Road, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Theodore J. Swift,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 6, 1880
7. AGE: YEARS 58 MONTHS 9 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as 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): Cameron, Missouri, O

FATHER
13. NAME: Albert Henry Fairbanks,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peterboro, New Hampshire,

MOTHER
15. MAIDEN NAME: Lucinda Campbell,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cynthiana, Kentucky,

17. INFORMANT (ADDRESS): Mrs. Edward Rose 2228 Agency Road,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield, Mo. DATE Dec. 6th, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Bigole & Bacon 319 So. 10th. Str. Funeral Home
20. FILED 12/6 1938 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1938 to December 5, 1938
I last saw her alive on December 1, 1938 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Heart Disease, arteriosclerotic; Coronary Sclerosis; Nephritis, Chr.

Date of onset

54

Other contributory causes of importance:
Arteriosclerosis, general.
Diabetes Mellitus

Name of operation - Date of
What test confirmed diagnosis? Findings 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 No
(Signed) H W Earle, M. D.
(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me,~~ W. E. Summerfield L.E. #3007, ~~or by~~ —,

Registered Apprentice No. —, working under my personal supervision.

Signed Harold Brunson

Licensed Embalmer No. 3619

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.