

RECORDED AUG 18 1939

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

Do not use this space

1. PLACE OF DEATH

County Madaway
Township
City Orkoe (No. 653)

Registration District No. 617
Primary Registration District No. 4367

File No. 26383
Registered No. 9

2. FULL NAME

Mahalia Elizabeth McKittrick Swearingen
(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 1/2 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1857

7. AGE YEARS 82 MONTHS 3 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Pike County (STATE OR COUNTRY) Ohio

13. NAME David Terrell McKittrick

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Monroe

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

17. INFORMANT Bert Swearingen (ADDRESS) 1203 N. Main, Mansfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mansfield DATE July 19, 1939

19. UNDERTAKER Campbell Funeral Home (ADDRESS) 751 South Main, Mansfield, Mo.

20. FILED 7/20, 1939 Chas. D. Humboldt

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY, that I attended deceased on July 15, 1939, 1939

I last saw him alive on July 15, 1939. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Lobar pneumonia Date of onset 7/12

Other contributory causes of importance: 105

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. D. Humboldt, M. D.
Barwood, Mo.

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

RECEIVED

District Health Officer No. 117

District File Number

8-39-1-058

Date Filed

AUG 12 1939 C P

[Faint handwritten notes and signatures, including "J. P. ...", "AUG 12 1939", and "C. P."]