

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.

REC'D AUG 19 1939

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

26626  
Do not use this space.

1. PLACE OF DEATH: **Randolph**  
 (a) County: **Randolph** Registration District No. **735**  
 (b) Township: **Sugar Creek** Primary Registration District No. **3034**  
 (c) City: **Moberly** (d) Street No. \_\_\_\_\_ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: **1632 Thomas Gilman Swartz**  
 (a) Residence, No. **1141 N. Morley** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: **Male**  
 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: **Kate Noel-Swartz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **2/1, 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.: **75 5 20**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: **Merchant**  
 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: \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Monroe County, Mo**  
 13. NAME: **Phillip Swartz**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Germany**

MOTHER  
 15. MAIDEN NAME: **Mary E, Tate**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Callaway Co, Mo**

17. INFORMANT (ADDRESS): **Mrs. Elmer Swartz, N. Morley, Moberly, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE: **Oakland Cemetery 7/24 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS): **Fred A. Thompson, Madison, Mo**

20. FILED: **July 24, 1939** **Paul Williams** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **7/22 39**

22. I HEREBY CERTIFY That I attended deceased from **Jan 1 - 1939**, to **July 22, 1939**  
 I first saw him alive on **July 22, 1939**. Death is said to have occurred on the date stated above, at **4:30 P M**.  
 The principal cause of death and related causes of importance were as follows:  
**Myocardial Degeneration** Date of onset \_\_\_\_\_  
**Chronic Prostatitis**  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation: **None** Date of \_\_\_\_\_  
 What test confirmed diagnosis: **Clinical** 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? **No**  
 If so, specify \_\_\_\_\_ (Signed) **Paul C. Davis**, M. D.  
 (Address) **Moberly, Mo**

RECEIVED

District Health Officer No. 10

District File Number 8-29-1434

Date Filed AUG 9 1939

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,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision;

Signed

*Paul A. Johnson*

Licensed Embalmer No. 1420

P. O. Address \_\_\_\_\_

**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.**