

30 AUG 10 1939

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

26941
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall (d) Street No. N. Lyon Registered No. 117
 (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 Willis Franklin Swift
 (a) Residence, No. 130 St. 117
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 Sept. 1, 1917

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>10</u>	<u>7</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Miami, Mo.

FATHER
 13. NAME Frank Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Mo.

MOTHER
 15. MAIDEN NAME Bessie Warner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo.

17. INFORMANT (ADDRESS) Frank Smith, Marshall, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Olive DATE July 6, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. L. Summey, Marshall, Mo.
 20. FILED 7-6- 1939 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY That I attended deceased from July 5, 1939 to July 5, 1939
 I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 9: P am.
 The principal cause of death and related causes of importance were as follows:
Acute Disenter
Bacillary Dysentery
Pertussis
 Other contributory causes of importance: 12.6

Name of operation Clinical Date of no
 What test confirmed diagnosis? Clinical 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. L. Summey M. D.
Marshall Mo. (Address)

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6/2/33

STATEMENT BY LICENSED EMBALMER

I, J. L. Sweeney, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. L. Sweeney
Licensed Embalmer No. 3235

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.)