

Key 5.

REC'D SEP 20 1939

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

29071
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 290

(b) Township Balm Primary Registration District No. 2408

(c) City (d) Street No. St.

(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 William Lee Swain

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Student

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16 - 1938

7. AGE YEARS 6 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Student

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) May, Duzack
Dunklin Co. Mo

FATHER

13. NAME Walter Swain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden
Dunklin Co. Mo

MOTHER

15. MAIDEN NAME Helena Alice Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Opask
Ark.

17. INFORMANT Walter Swain
(ADDRESS) Keokuk, Mo. R.#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wid. Drew DATE July 16, 1939

19. FUNERAL DIRECTOR (ADDRESS) Mr. Daniel Daniel Swain
Dunklin, Mo.

20. FILED Sept 1, 1939 A. D. McDaniel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 - 1939

I HEREBY CERTIFY, That I attended deceased from July 11 1939 to July 15 1939

last saw him alive on July 14 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Malaria 38

Date of onset 7-10-39

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Physic Was there an autopsy? Yes

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 Physic

(Signed) Ray E. Gessell, M. D.

(Address) Dunklin, Mo.

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. 3,

District File Number 939-532

Date Filed 9/6/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)