

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

Do not use this space.

12317

MAX 26 1930

PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. Springfield Baptist Hospital) Ward _____

File No. _____
 Registered No. 320

2. FULL NAME

(a) Residence, No. _____ City _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Jimmie Swindle
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 - 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 7 1/2 5 17
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Teacher
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo.
 10. NAME OF FATHER James Swindle
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 12. MAIDEN NAME OF MOTHER Eloza Fly
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Elara Swindle
 (Address) Springfield, Mo
 15. FILED 4-18-30 Gov Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930
 17. I HEREBY CERTIFY, That I attended deceased from 14th of Apr 1930 to 18th of Apr 1930
 that I last saw him alive on Apr 18 1930 and that death occurred, on the date stated above, at 10:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Poisoning
137 caused from
135B
132B (duration) yrs. mos. 6 ds.
 CONTRIBUTORY (SECONDARY) Cystitis - Enlarged prostate gland (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 135
 IF NOT AT PLACE OF BIRTH, Wheaton, Mo.
Super tuberc drain
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 14-30
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chemical & Lab.
 (Signed) Willis Smith, M. D.
4-18-1930 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rocky Comfort DATE OF BURIAL April 21 1930
 20. UNDERTAKER Belka & Nunnell ADDRESS Wheaton Mo.

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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