

DEC 15 1937

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

Do not use this space.

40881

1. PLACE OF DEATH

 County Cape
 Township Cape
 City Cape Girardeau Mo.

 Registration District No. 1257
 Primary Registration District No. 3009
St. Francis Hospital

 File No. _____
 Registered No. 375
 St. _____ Ward) _____
2. FULL NAME Mary Elizabeth Swan
 (a) Residence, No. Seventy Six Missouri

 Ward. Seventy Six Mo
 (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 Female 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 A. R. Swan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 57 2 14

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

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) Seventy Six
 (STATE OR COUNTRY) Missouri

 FATHER 13. NAME William Farrer

 14. BIRTHPLACE (CITY OR TOWN) Schalls
 (STATE OR COUNTRY) Missouri

 MOTHER 15. MAIDEN NAME Angeline Carr

 16. BIRTHPLACE (CITY OR TOWN) High Parier
 (STATE OR COUNTRY) Illinois

 17. INFORMANT Mrs. Sloan Cotner
 (ADDRESS) Cape Girardeau Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cemetery DATE II/26/1937

 19. UNDERTAKER Haman Funeral Home
 (ADDRESS) Cape Girardeau Mo.

 20. FILED 11-24-37 J. M. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 - 1937

 22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1937, to Nov 24, 1937

 I last saw him alive on Nov 24, 1937 Death is said to have occurred on the date stated above, at 11 m.

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

Streptococcus Septicemia (Date of onset) Nov 17
from scratch on hand

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Acco Date of injury Nov 17, 1937

 Where did injury occur? Seventy-Six, Mo
 (Specify city or town, county, and State)

 Specify whether injury occurred in industry, in home, or in public place. Home

 Manner of injury Scratch

 Nature of injury Strep Infection

 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

 (Signed) D. B. DeBartolo, M. D.

 (Address) Quincy, 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.

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