

JUN 22 1940

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

19038  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Monteau Registration District No. 571  
 (b) Township Walter Primary Registration District No. 5769  
 (c) City or \_\_\_\_\_ (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 Lee Andrew Swillum  
 (a) Residence, No. \_\_\_\_\_ St.  { Missouri Rural  
Monteau Co  
 (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 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 Mary B. Wittmann  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1857  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
83 4 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Fayette Co., Ohio  
 FATHER 13. NAME Andrew Swillum  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany  
 MOTHER 15. MAIDEN NAME Josephine Auer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany  
 17. INFORMANT Mary E. Bonerath  
 (ADDRESS) 111 Locust St California, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 5-13 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Wilson & Sons  
California, Mo.  
 20. FILED 5-12-1940 H. R. Popejoy  
Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1940  
 22. I HEREBY CERTIFY, That I attended deceased from April 13, 1940 to May 10, 1940  
 I last saw him alive on April 3, 1940 Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio sclerosis  
 Date of onset 86  
age  
 Other contributory causes of importance: 77  
 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? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. C. Burke, Jr. M. D.  
 (Address) California, Mo.

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

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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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.....

*A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, Mo.*

**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.**

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