

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

Do not use this space.

570

**1. PLACE OF DEATH**

County Cooper  
Township Boonville Mo  
City Boonville Mo

Registration District No. 218  
Primary Registration District No. 3015

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Word \_\_\_\_\_

**2. FULL NAME**

Mrs Katharine Swadley  
(a) Residence No. Supton mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Henry Swadley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 18 1844</u>		
7. AGE <u>83</u> YEARS	<u>2</u> MONTHS	<u>78</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1928  
17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to Jan 15, 1928 that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 5 2 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
25  
11333  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Suberculosis of bowels  
(duration) ? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: Supton mo  
19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Gabrusace, M. D.  
(Address) Boonville 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.

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Peter Schmidt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Katharine Schmidt</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mr. E. M. Dabbs  
(Address) 400 Olive St Boonville

15. FILED Jan 16, 1928 Whitely REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Andrews Sipton Mo DATE OF BURIAL Jan 17 1928  
20. UNDERTAKER Schwitzky-Meister ADDRESS Boonville 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.

20 1928

