

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond

Registration District No. 744
Primary Registration District No. 3035

File No. 24834
Registered No. 68
St. _____ Ward _____

2. FULL NAME Margarette E. Schwenson

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Roy Schwenson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 4 26 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home WORK
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Ray Co Missouri

10. NAME OF FATHER Straud Danner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Jackson Co Mo.

12. MAIDEN NAME OF MOTHER Eva E. Popejoy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Carroll Co Mo.

14. INFORMANT Straud Danner
(Address) Richmond Mo.

15. FILED July 10, 1928 R L Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to July 3, 1928, and that I last saw her alive on July 3, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stroke due to "flu" superadded resulting in dilatation of heart

CONTRIBUTORY (SECONDARY) Stroke due to flu
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) R L Hamilton, M. D.
July 4, 1928 (Address) Richmond 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 _____ DATE OF BURIAL _____

20. UNDERTAKER City Cem. 7/6/28 19____
R L Hamilton ADDRESS Richmond 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.

