

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

Do not use this space.

30445

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1-2352  
 Township Kaw Primary Registration District No. 1002 Registered No. 2352  
 City Kansas City (No. 3808 & Cleveland) St. Mo. Ward

**2. FULL NAME**

Glenn Marion Swetnam  
 (a) Residence No. 3808 Cleveland St. 16 Ward. (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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 26 - 1927</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER D. B. Swetnam  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Dollie Muzings  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT D. B. Swetnam  
 (Address) 3808 Cleveland

15. FILED 10/19/27 M. M. Brown  
 REGISTRAR Assr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 to Oct 18, 1927, that I last saw ~~him~~ alive on Oct 18, 1927, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumia  
107B  
95B  
 (duration) yrs. mos. da. 1

CONTRIBUTORY (SECONDARY) Cardiac Insufficiency  
 (duration) yrs. mos. da. 2 mos

18. WHEREAS DISEASE CONTRIBUTED at home  
 IF NOT BY PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical signs  
 (Signed) Burroughes Agin, M. D.  
10/18, 1927 (Address) 3458 Prospect Ave, K. City

\*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 Mount Washington DATE OF BURIAL Oct. 19 1927

20. UNDERTAKER Blackman ADDRESS 6606 Dulfer

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.

