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

Do not use this space.

35113

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. ....., Sanitarium St. ..... Ward)

File No. .....

Registered No. 10264

2. FULL NAME John Swift

(a) Residence. No. St. Regis Hotel St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 - 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	8	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Missouri - Pacific R.R.

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Ireland

14. INFORMANT William T. Geitler M.D.
(Address) 5300 Arsenal St

15. FILED NOV 16 1927, 19..... Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/13 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to Nov 13, 1927 that I last saw him alive on Nov 13, 1927, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complete urinary retention due to stricture, acute cystitis — 83 Broncho-pneumonia 135 35B

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) General paralysis of the insane 76 (duration) 2 yrs. 10 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov 12/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) William T. Geitler, M.D.

11/13, 1927 (Address) 5300 Arsenal

*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: Grand Junction Iowa

DATE OF BURIAL: Nov. 17 1927

20. UNDERTAKER: Central Ind & L. Co.

ADDRESS: 5401 Grand

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.

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