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

Do not use this space.

991

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kansas — Primary Registration District No.: 1009 — Registered No.:

City: Kansas City (No. 3039 Baltimore St. Ward)

2. FULL NAME Mrs Mary Ellen Horn

(a) Residence. No. 3039 Baltimore St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
F.	Wh.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gamewell
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Chas. P. Swaggart

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

12. MAIDEN NAME OF MOTHER Nancy M. Finnan

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

14. INFORMANT Mabel Irene Horn
(Address) 3039 Baltimore Ave.

15. FILED Jan 3 28 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1928

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1927, to Dec 31, 1927, that I last saw h. alive on Dec 31, 1927, and that death occurred, on the date stated above, at 6 a.m. m. 1/2/28

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48 General Carcinomatosis
53C Lower Brain
46E 46

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancerous Cerviks

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James R. McCoy, M. D
1/2, 1928 (Address) 501 Medical Arts

*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: Blandinsville, Mo — DATE OF BURIAL: 1/3/28

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 42nd & Baltimore

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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Val. HY 5800
856 W 52nd St
Hi 1900