

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

Do not use this space.

1014

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Law Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. Kansas City General Hosp) Ward \_\_\_\_\_

**2. FULL NAME**

Swindell David  
 (a) Residence. No. 17th & Bellvue St Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. \_\_\_\_\_ da. 1 How long in U.S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widower

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb. 5-1852

**7. AGE** YEARS 76 MONTHS 10 DAYS 28 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

PARENTS

**10. NAME OF FATHER** John W Swindell

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

**12. MAIDEN NAME OF MOTHER** Viana Crews

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

**14. INFORMANT** Bureau Clerk  
 (Address) 52 C Genl Hosp

**15.** Jan 4 1928 M. M. Crowe REGISTRAR  
Asor

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 3 1928

**17.** I HEREBY CERTIFY That I attended deceased from 12-25 1927 to 1-3 1928 that I last saw him alive on 1-3 1928, and that death occurred, on the date stated above, at 7:50 a.m.

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

Lobar Pneumonia  
108 / 10 / 10 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

Did an operation precede death? no DATE OF \_\_\_\_\_

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin findings  
 (Signed) P. E. Williams, M. D.

1-3 1928 (Address) Sub C Genl Hosp

\*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** Maple Hill **DATE OF BURIAL** 1/4 1928

**20. UNDERTAKER** D V Mast **ADDRESS** 1915 E 15

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

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.

