

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

Do not use this space.

17698

**1. PLACE OF DEATH**

County Linn

Registration District No. 496

File No. 34

Township Brookfield Mo

Primary Registration District No. 3025

Registered No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ebereth G. Swindell

(a) Residence, No. 2716 Summit Kansas City Mo Kansas City Mo  
(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 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) March 4<sup>th</sup> 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
48 2 1

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

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

10. NAME OF FATHER David G. Swindell

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

12. MAIDEN NAME OF MOTHER Mary McClain

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

14. INFORMANT Ruth Duncan  
(Address) 2716 Summit St. K.C. Mo

15. FILED 377, 1928 Jane Wans  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4<sup>th</sup>, 1928, to May 5<sup>th</sup>, 1928, and that I last saw him alive on May 4<sup>th</sup>, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Vascular heart Disease

92A  
92D  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. 3 da.

CONTRIBUTORY Paralysis left side  
(SECONDARY)  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. 2 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 Clinical  
(Signed) Chas. Standley, M. D.  
, 19 (Address) Towerfield 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

Maple Hill Cem. Kansas City Mo May 8<sup>th</sup> 1928

20. UNDERTAKER M. Y. Rusk ADDRESS Brookfield Mo

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.

