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

Do not use this space.

5857

MAR 3 1929

24 5 4

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 3012
File No. .....
Registered No. 13

2. FULL NAME Edwin Swan

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	8	23	

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

9. BIRTHPLACE (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Benj Swan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Shepherd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)

14. INFORMANT H W Hill
(Address) Liberty (W H G)

15. FILED 3/10/29 Wm H Goodson
Mailby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 18, 1929 that I last saw him alive on Feb 18, 1929, and that death occurred, on the date stated above, at 5 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
93D
118C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Indigestion
(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Burton Maltby, M. D
Feb 19, 1929 (Address) Liberty 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 Farmer
DATE OF BURIAL 2/20 1929

20. UNDERTAKER H W Hill
ADDRESS Liberty Mo

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.