APR 30 193

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

Do not use this space.

9794

File No.

Registered No. 69

1. PLACE OF DEATH

County Pettis

Township ~~Sedalia~~

City Sedalia (No. , St. Ward)

Registration District No. 668

Primary Registration District No. 3032

2. FULL NAME Thomas Marshal Swart

(a) Residence. No. 2207 So. Kentucky St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 20 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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(or) WIFE OF~~ Mary Catherine Swart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21st 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	6	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maysleick
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER George W. Swart

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

12. MAIDEN NAME OF MOTHER Elizabeth Bartlett

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

14. INFORMANT Mrs D. N. Yount
(Address) 2207 So. Ky

15. FILED 3-11, 1930 J. E. LOVE
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 4 1930 to Mch 4 1930 that I last saw h. alive on Mch 4 1930 and that death occurred on the date stated above, at 3:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile decay
Nephritis interstitial
Chronic
1/21/29
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Dermal years (duration) years mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death
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) C. Brader, M. D.
3/5/30, 19 (Address) Sedalia 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 Englewood Cem
DATE OF BURIAL Mar 6 1930

20. UNDERTAKER Sims-Wilkinson
ADDRESS Clinton Mo

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.