

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Clatsop
City Grant City (No.)

Registration District No. 903

Primary Registration District No. 4545

The No. 25741

Registered No. 17

St.

Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Swift</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 28, 1850</u>		
7. AGE <u>80</u>	YEARS <u>2</u>	MONTHS <u>9</u>
		DAYS <u> </u>
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY) South Wales, England

10. NAME OF FATHER John C. Swift

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

12. MAIDEN NAME OF MOTHER Ellen Jones

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

14. INFORMANT J. C. Swift
(Address) Grant City, Mo.

15. FILED 7-7-30 John C. Swift
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1928 to July 3, 1930
that I last saw him alive on July 3, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permeious Anemia
71A

162 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Smility

18. WHERE WAS DISEASE CONTRAINED 580
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) J. C. Swift, M. D.

*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 Grant City, Mo. DATE OF BURIAL 7-7-30

20. UNDERTAKER John C. Swift ADDRESS Grant City, 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.

AUG 26 1930

