

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.

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

Do not use this space.

21652

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ykaw Primary Registration District No. 1002  
 City Kansas City (No. K.C. General Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2787  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Swanson  
 (a) Residence, No. 1012 E 8th St. 1 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2 - 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Gardener</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>5</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1931, to 6-21 1931.  
 I last saw him alive on 6-21 1931. Death is said to have occurred on the date stated above, at 4:55 P.M.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lung  
73A  
23  
 Other contributory causes of importance:  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

13. NAME John Swanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Reverend Clerk  
 (ADDRESS) K.C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt St Marys Cemetery DATE June 29 1931

19. UNDERTAKER John J. Sheehan  
 (ADDRESS) 1211 1/2 E 12th St

20. FILED 6/26/31 1931 M. J. Crowe  
 Registrar.

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) P. B. Williams M. D.  
 (Address) Sup't K.C. General Hosp.  
K.C. Mo.

Charles Swanow.

Miss J. Swannell  
No. 2267

1931  
32  
49