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

Do not use this space.

25781

1. PLACE OF DEATH

County Nodaway — Registration District No. 6251 — File No.

Township ~~Polk~~ — Primary Registration District No. 3031 — Registered No. 69

City Maryville (No. ..... St. ..... Ward)

2. FULL NAME George W Swinford

(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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 29 1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	10	3	

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) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: William Swinford

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

12. MAIDEN NAME OF MOTHER: Rebecka Thompson

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

14. INFORMANT: Irene Swinford. (Address) Maryville, Mo.

15. FILED 7-2 1931 Mamie E Clardy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1931 19

17. I HEREBY CERTIFY, That I attended deceased from 6-27, 1931, to July 2, 1931, that I last saw him alive on July 2, 1931, and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia

107A

16 D (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: 107A

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) Jack Rowlett, M. D.

, 19 (Address) Maryville 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: Swinford Cemetery

DATE OF BURIAL: July 5 1931

20. UNDERTAKER: Price Fur. Co. Maryville Mo.

ADDRESS

AUG 28