

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

Do not use this space.

5005

**1. PLACE OF DEATH**

County Jackson Registration District No. 333 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 869  
 City Kansas City (No. 606 W., 39 Street) St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** SWANSON, Elizabeth

(a) Residence, No. 606 W., 39 Street St. 4 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 Female 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 (Widow) John Swanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME John Johnson

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Byron A. Sayres  
606 W. 39 Street

18. BURIAL CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE March 2 1932

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS, Inc.  
3811 Broadway

20. FILED 3/1 1932 M. M. Corwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1932 to Feb 29 1932

I last saw her alive on Feb 29 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertetic pneumonia Date of onset 2-25-32

Other contributory causes of importance: Chronic myocarditis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_

(Signed) O. P. Reisman, M. D.

(Address) Hotel Baltimore KC Mo.

MARGIN RESERVED FOR BINDING

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.

V. G. No. 2.

