

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

Do not use this space.

12777

**1. PLACE OF DEATH**

County Jackson

Registration District No. 320

Township Kaw

Primary Registration District No. 100

City Kansas City (No. 1016 Troost Ave.)

File No. 1718

Registered No. 1718

St. 2 Ward

**2. FULL NAME**

(a) Residence, No. 1016 Troost St. 2 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX mal. 4. COLOR OR RACE cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-05

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 26</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 92

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

10. Date deceased last worked at this occupation (month and year) 4-16-02

11. Total time (years) spent in this occupation 4 yrs

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

13. NAME Edwin Swanegan

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

15. MAIDEN NAME Bessie Swanegan

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

17. INFORMANT Bessie Swanegan

(ADDRESS) 1016 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 4-25 1932

19. UNDERTAKER Nathan Orshaker

(ADDRESS) 1520 N 5th

20. FILED 4/25 1932 M. M. Crown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 16 Apr 1932 to 22 Apr 1932

I last saw him alive on Apr 22, 1932 Death is said

to have occurred on the date stated above, at 7 a. m.

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

Acute Labor  
on Phenomenon  
108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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 fall

Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify fall

(Signed) J. C. Woodland, M. D.

(Address) 1016 Woodland

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.

