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 23 1932

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

Do not use this space.

22282

File No.

Registered No. 45

1. PLACE OF DEATH
County: Clay (24)
Township: Gallatin (7)
City: Mo-K-C-Ry (4) (No. ... St. ... Ward)

Registration District No. 197
Primary Registration District No. 5274

2. FULL NAME: Robert L. Swan

(a) Residence, No. Mountain View St. Ward Mountain View Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years about 17 | Months unknown | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer's Case
10. Date deceased last worked at this occupation (month and year): ... Total time (years) spent in this occupation: ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmer's Case

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Note Book taken from Body

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mountain View Mo DATE: July 15 32

19. UNDERTAKER (ADDRESS): Morton + Ed No Clare Mo

20. FILED 7/15, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lay being struck by front end of Sentral Engine Wabash Engine Fractured Skull. Left leg broken on Wabash yards.	
Other contributory causes of importance: None	
Farmer's Case	23

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? Accident Date of injury July 15, 1932
Where did injury occur? Sentral yards of Wabash Line North Kansas City Clay Co Mo (Specify city or town, county, and State)
Specify whether injury, occurred in industry, in home, or in public place. While walking on Wabash Tracks
Manner of injury ...
Nature of injury Fractured Skull Left leg broken

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) W. L. Wysong Coroner Clay County Mo M. D.
(Address) Liberty Clay County Mo