

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

Do not use this space.

22751

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
Township Kaw Primary Registration District No. 1000  
City K.C.Mo. (No. 216 West 65th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 22751  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Ann Cool Swope

(a) Residence, No. 216 West 65th St. 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 <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George E. Swope</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 5, 1878</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
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) <u>Pa</u> <u>2</u>				
FATHER	13. NAME <u>A. V. Cool</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Jane Goodwin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>			
17. INFORMANT <u>George E. Swope</u> (ADDRESS) <u>216 West 65th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>7-6-32</u> 19				
19. UNDERTAKER <u>R.V. Lindsey &amp; Sons, Inc.</u> (ADDRESS) <u>K.C.Mo.</u>				
20. FILED <u>7/6</u> 19 <u>32</u> <u>M.M. Crowe</u> asst Registrar.				

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 31 1932 to July 3 1932  
I last saw her alive on 5:25 PM Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
31 Hemiplegia - Sept 31 -  
130 spinal meningitis  
130 spinal meningitis  
130 spinal meningitis  
Other contributory causes of importance:  
130 spinal meningitis  
130 spinal meningitis  
130 spinal meningitis  
Name of operation no 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M. D.  
(Address) [Address]

WRITE PLAINLY. 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.

Dr. J. W. Hoobey  
Medical Arts