

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

Do not use this space.

28982

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. Proctor
 City Springfield (No. Charles E. Swan) St. _____ Ward _____
 2. FULL NAME _____
 (a) Residence, No. _____ St. _____ Ward Chicago Ill
 (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 Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Swan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1862
 7. AGE YEARS 69 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office 251
 10. Date deceased last worked at this occupation (month and year) About Aug 15-1932 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 FATHER 13. NAME Hiram Swan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT J. & Swan
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kassaker DATE Sep 7
 19. UNDERTAKER J. W. Lingenfelter & Co
 (ADDRESS) Springfield, Mo.
 20. FILED 9-5 1932 Reaper Registrar.

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1932, to 9/5, 1932
 I last saw him alive on 9/5, 1932. Death is said to have occurred on the date stated above, at 8:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Hernia, strangulated Sept 4/32
122A
111A
95A
 Other contributory causes of importance:
1 Pulmonary Embolism 8/31
2 Cordae fibullosa 9/1
 Name of operation Herniorrhaphy Date of 8/28
 What test confirmed diagnosis? Specimens 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) Sto Paus, M. D.
 (Address) Physician
Springfield, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 22 1932

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