

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

Do not use this space.

32032

1. PLACE OF DEATH

40 County, Grundy
Township, Myers
City, _____ (No. _____)

Registration District No. 329
Primary Registration District No. 5457

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

George Washington Swodes

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda (Thomp) Swodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>11</u>	<u>14</u>	

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

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) Grundy Co Mo

13. NAME Mathew Swodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandy Mo

15. MAIDEN NAME Sarah Mathew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandy Mo

17. INFORMANT (ADDRESS) Mr. Geo Swodes

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandy DATE 10/24 1932

19. UNDERTAKER (ADDRESS) Chas E Schaefer

20. FILED DEC 16 1932 Ed Eumey Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932, to Oct 22, 1932
I last saw him alive on Oct 13, 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of brain
82A
055
GED

Other contributory causes of importance: Chronic Bronchitis

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 _____
Nature of injury _____ 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Swodes, M. D.
(Address) Grandy Mo

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.

JAN 9 1933

