

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

Do not use this space.

5058

1. PLACE OF DEATH
County Christian Registration District No. 182
Township Lincoln Primary Registration District No. 17
City Clever, Mo. (No.) St. (Ward)

2. FULL NAME Stanley Stearl Swenson
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1933

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933, to Feb 6 1933 that I last saw him alive on Feb 6 1933, and that death occurred, on the date stated above, at 10 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12, 1932

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, --- hrs. or --- min.
1 25

1. Infl.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

Polysial Pneumonia
(duration) yrs. mos. X ds.

CONTRIBUTORY (SECONDARY) 107A
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Clever,
(STATE OR COUNTRY) Christian Co., Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

10. NAME OF FATHER Stearl P. Swenson

✓ DID AN OPERATION PRECEDE DEATH. no DATE OF

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) - Iowa -
(STATE OR COUNTRY) Iowa

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Myrtle E. Brown

WHAT TEST CONFIRMED DIAGNOSIS? your report
(Signed) John H. ..., M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clever,
(STATE OR COUNTRY) Missouri

, 19 (Address) Clever Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT C. L. Brown
(Address) Clever, Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wise Hill Cemetery, in Christian County, Mo. DATE OF BURIAL Feb. 8, 1933

15. FILED 2-10-33 D. A. Maples
REGISTRAR

20. UNDERTAKER ADDRESS

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.

RECORD IS A PERMANENT RECORD

