

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

Do not use this space.

5104

1. PLACE OF DEATH

24 County Clay
5 Township Liberty
4 City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 3017

File No. _____
Registered No. 18 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Swinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1872

7. AGE YEARS 60 MONTHS 8 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Labor
10. Date deceased last worked at this occupation (month and year) 1 day 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock Mo.

FATHER 13. NAME John Swinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Stella Swinney (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Mo. DATE 2/5/33

19. UNDERTAKER Church - Archer Co. (ADDRESS) Liberty Mo.

20. FILED MAR 1 1933 Registrar. W. J. Padon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Feb 2 1933. I last saw him alive on Feb 2 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:
He had been subject to severe sick headaches of indigestion & bilious attacks for a long time. They occurred after lunch by an quantity & became more severe & died of asphyxy at 10 P. m.
Other contributory causes of importance: Dark night - there was loss of head injury a long time ago - not clear.

Date of case _____
acute heart attack - prob Coronary thrombosis

Name of operation _____ Date of _____
What test confirmed diagnosis? 011 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 14 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) John F. Hatcher, M. D.
(Address) Liberty 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.

