

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

Do not use this space.

10304

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Union Primary Registration District No. 2029
City Hannibal (No. 105) 11 Maple Ave

File No.
Registered No. 90 St. Ward)

2. FULL NAME

Ada J. Swanson
(a) Residence, No. 106 1/2 N. Maple 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 7th. 1877</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>seamster</u>		
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) <u>Hannibal Mo</u>		
13. NAME <u>John Swanson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
15. MAIDEN NAME <u>Mary Cronin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Miss Mary Swanson</u> (ADDRESS) <u>106 1/2 N. Maple, Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>3/17/33</u>		
19. UNDERTAKER <u>James O'Rourke</u> (ADDRESS) <u>Hannibal, Mo</u>		
20. FILED <u>Mo</u> 19 <u>33</u> <u>A. Cousins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar-9-1933, to Mar-14-1933
I last saw her alive on Mar-14-1933 Death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 3/8-33
108
108

Other contributory causes of importance:

Name of operation 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) E. P. Motley, M. D.
(Address) Hannibal, 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.

8-1-64 1933

3-1-24 15

FORM RESERVED FOR BIRTHS

