

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

Do not use this space.

13931

**1. PLACE OF DEATH**

County Waples Registration District No. 556  
Township Rovanica Primary Registration District No. 9757  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Benjamin T. Swift  
(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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>unmarried</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leanna</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 9 7 1849</u>					
7. AGE		YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Boon County</u> (STATE OR COUNTRY) <u>Missouri</u>					
10. NAME OF FATHER <u>Edward Swift</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>					
12. MAIDEN NAME OF MOTHER <u>Not Known</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>					
14. INFORMANT <u>E. H. Swift</u> (Address) <u>Lucerne 730</u>					
15. FILED <u>4/17</u> 19 <u>33</u> <u>J. M. Perry</u> REGISTER					

**MEDICAL CERTIFICATE OF DEATH**

3

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

17. I HEREBY CERTIFY, That I attended deceased from April 16 1933 to April 16 1933 that I last saw him alive on April 16 1933 and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
catarrhal Pneumonia  
131  
1077  
162 (duration) yrs. mos. ds.  
CONTRIBUTORY Interstitial nephritis  
(SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs  
(Signed) [Signature] M. D.  
4/17 1933 (Address) Princeton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Wessons Cemetery</u>	DATE OF BURIAL <u>4-18 1933</u>
20. UNDERTAKER <u>Martin Funeral Home</u>	ADDRESS <u>Princeton</u>

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.

MAY 22 1933

