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

Do not use this space.

22621

File No.
Registered No. 106

1. PLACE OF DEATH
County Clay Co. Mo. Registration District No. 198
Township J.R. Primary Registration District No. 3011
City EXCELSIOR SPRINGS No. EXCELSIOR SPRINGS HOSPITAL Ward)

2. FULL NAME MRS. GEORGIA M SWINERTON
(a) Residence, No. 631 S. MAIN St., Ward. KANSAS CITY, MISSOURI
(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: FEMALE
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 WILLIAM H SWINERTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-18-1852

7. AGE: Years 81 | Months 3 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) MASSACHUSETTS

FATHER
13. NAME IRA RICKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAINE

MOTHER
15. MAIDEN NAME ANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAINE

17. INFORMANT MR W. H. SWINERTON
(ADDRESS) KANSAS CITY, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE KANSAS CITY MO. DATE JULY-29 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 29 1933 W.D. Crouch Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY. 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1933, to 7-27 1933
I last saw her alive on July-27 1933. Death is said to have occurred on the date stated above, at 11:58 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture upper third of femur, + shock	7-18 1933
1 sec	
1 cm	
1 cm	
Other contributory causes of importance: General debility	1932

Name of operation ✓ Date of ✓
What test confirmed diagnosis? X Ray 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? no
If so, specify
(Signed) H. J. Clark, M. D.
(Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-12; 2-4

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township — Primary Registration District No. 3011 — Registered No. 106
City Excelsior Springs (No. Excelsior Spg Hosp St. Ward)

2. FULL NAME Mrs. Geo. Swinerton
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 29 1933 Y. D. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933

22. I HEREBY CERTIFY That I attended deceased from ....19.., to ....19..
I last saw h.... alive on ....19.. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of upper 3rd of femur + shock accidental fall at her home	14
Other contributory causes of importance: General Debility since 1932	

Name of operation .... Date of ....
What test confirmed diagnosis? X Ray 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 7-27 1933
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In her home
Manner of injury
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)

SUPPLEMENTARY

N.B.—Every item of information should be carefully supplied. ASD should be stated EXACTLY. ALL SHOULD BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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