

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

Do not use this space.

32995

File No. 3927
Registered No. 3927
St. _____ Ward _____

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. 5825 M^E GEE)

2. FULL NAME

MRS DAISY TERRELL SWAN
(a) Residence, No. 5825 M^E GEE St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 (OR) WIFE OF DR. HOWARD W SWAN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-29-1889		
7. AGE 44	YEARS 8	MONTHS 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE		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) DENNISON TEXAS		
13. NAME WILLIAM TERRELL		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIBERTY MISSOURI		
15. MAIDEN NAME UNKNOWN		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN		
17. INFORMANT DR. HOWARD W SWAN (ADDRESS) 5825-M^E GEE ST.		
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE OCTOBER-6-1933		
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI		
20. FILED Oct 5 1933 <i>M. J. Crowe</i> <i>Asst. Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCTOBER-4-1933**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 7**, 1933, to **Oct. 4**, 1933
I last saw her alive on **Oct 3**, 1933 Death is said to have occurred on the date stated above, at **9:15 A.M.**
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset **1920**
Arteriosclerosis **1926**
Other contributory causes of importance:
Acute Nephritis **9/4/33**

Name of operation _____ Date of _____
What test confirmed diagnosis **Cholera** 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. P. Roushman**, M. D.
(Address) **1032 Long Bed.**
R. P. 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.

NOV 10 1933

MARGIN RESERVED FOR BINDING

M. S. NO. 2

Dr. H. P. Dougherty
1032 Professional Bldg
2:30 3:00