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

Do not use this space.

1. PLACE OF DEATH
90 County Reynolds — Registration District No. 748 — File No. 37611
Township Logan — Primary Registration District No. 5982 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Axel Swanson
(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.

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13 - 1876

7. AGE: YEARS 57 — MONTHS 6 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer): self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

PARENTS
10. NAME OF FATHER: Sven Swanson
11. BIRTHPLACE OF FATHER (~~CITY OR TOWN~~) (STATE OR COUNTRY): Sweden
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden

14. INFORMANT: Chas. Anderson
(Address) Hadley, Mo.

15. FILED Nov 1, 1933 Essie Evans, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1933, to November 1, 1933, that I last saw him alive on October 31, 1933, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
10 P.
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(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? none
(Signed) A. F. Bugg, M. D
11/1, 1933 (Address) Ellington, 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: Ruble, Mo. — DATE OF BURIAL: Oct. 3 1933

20. UNDERTAKER: W. A. Gray — ADDRESS: Van Buren Mo.