

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FEB 1934

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

Do not use this space.

1366

1. PLACE OF DEATH

County Jackson
Township Kan
City K.C. Mo.

Registration District No. B 2 9
Primary Registration District No. 1 3 7 2
(No. 5633 Cherry)

File No. 345
Registered No. 345
St. _____ Ward _____

2. FULL NAME Ida M. Swanson

(a) Residence, No. 5633 Cherry St. St. _____ Ward. Vliets, Kansas
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William G.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29. 1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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 _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	13. NAME <u>J. E. Hurtie</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	15. MAIDEN NAME <u>Augusta</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	17. INFORMANT <u>Mrs. T. D. Ellison</u> (ADDRESS) <u>5633 Cherry St.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vliets, Kans.</u> DATE <u>Jan 26</u> 19 <u>34</u>
	19. UNDERTAKER <u>Lindsey & Sons, Inc.</u> (ADDRESS) <u>2811 Broadway</u>
	20. FILED <u>Jan 23</u> 19 <u>34</u> <u>M. M. Goswami</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 7 1934 to Jan 22 1934
I last saw her alive on Jan 22 1934. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cholecystitis
Deforming Arthritis
Pneumonia Broncho

Date of onset 1-7-34
13 years
1-21-34

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____

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) Carl H. Buel M. D.
(Address) 106 W 14th St. Kansas City, Mo.

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.

