MAR 2 1934

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

Do not use this space.

5919

1. PLACE OF DEATH
County Nodaway — Registration District No. 628 — File No.
Township Polk — Primary Registration District No. 3031 — Registered No. 18
City Maryville (No. , St. Ward)

2. FULL NAME Charles G. Swinford
(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: Male
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: Mahala Swinford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-24-1851
7. AGE: YEARS 82 — MONTHS 1 — DAYS ~~20~~ 16 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: Wilson Swinford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Sarah Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT (ADDRESS): C. G. Swinford, Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Myrtle Tree DATE: 2-12, 1934
19. UNDERTAKER (ADDRESS): Campbell Funeral Home, Maryville Mo
20. FILED: 2-12, 1934 Mamie E Clardy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-10, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to July 24, 1933
I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease (unknown) — Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? — 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) W. B. Hayford, M. D.
(Address) Maryville, 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD