

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 82
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. Industrial City) St. _____ Ward _____

File No. 15896

Registered No. 52

2. FULL NAME Charles Leroy Swope

(a) Residence, No. Industrial City St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
16 7 21

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

FATHER 13. NAME Brady A Swope Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

MOTHER 15. MAIDEN NAME Lilly Degen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

17. INFORMANT Brady A Swope
 (ADDRESS) Industrial City Mo.

18. BURIAL, CREMATION, OR REMOVAL Int livet Cemetery
 PLACE St Joseph Mo. DATE May 26 1934

19. UNDERTAKER H O Sidenfaden
 (ADDRESS) St Joseph Mo.

20. FILER May 25 1934 J. J. Baner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1934, to 5-24 1934

I last saw him alive on May 24 1934 Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Toxic Pneumonia (Date of onset 10/5/34)
168
Myocarditis (Date of onset 10/8/34)

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chlorine 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) C. J. S. [Signature]
 (Address) 212 [Address]

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.

JUN 20 1934

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Risk & Burden