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.

AUGL 16 1934

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

Do not use this space.

27483

7728

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. City, Sanitarium St. ..... Ward)

2. FULL NAME Harold Swallows

(a) Residence, No. 2621 Belt St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. X mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mall
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Swallows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1906

7. AGE: YEARS 28 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Bakery
10. Date deceased last worked at this occupation (month and year): 1931 X
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tuxico Missouri

FATHER

13. NAME: Elige Swallows
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Indiana

MOTHER

15. MAIDEN NAME: Cora Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): E. H. Hill, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Tuxico, Mo DATE 7/28 1934

19. UNDERTAKER (ADDRESS): Meek-Dickman 3039 Easton ave.

20. FILED ..... 19 ..... J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1934

22. I HEREBY CERTIFY That I attended deceased from 7-24, 1934, to 7-27, 1934

I last saw her alive on 7-27, 1934. Death is said to have occurred on the date stated above, at 4:10 a.m.

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

Bronchopneumonia — Date of onset 7/24/34

83
1098

Other contributory causes of importance:

Paresis — 2/13/34

83

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) E. H. Hill, M. D.

(Address) City Sanitarium 5400 Arsenal St.