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.

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

FEB 20 1935

Do not use this space.

304

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 128

City St. Joseph, Mo. (No. Mo. Meth. Hosp. St. Ward)

2. FULL NAME Edward A. Swartz

(a) Residence, No. 904 N. 24th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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: Nona

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3 1877

7. AGE: Years 57 — Months 9 — Days 25 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saleaman
10. Date deceased last worked at this occupation (month and year): Jan. 28 1935
11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin Mo.

FATHER

13. NAME: P L Swartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

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

17. INFORMANT (ADDRESS): Mrs. Nona Swartz 904 No. 24, St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin Mo. DATE Jan. 29 1935

19. UNDERTAKER (ADDRESS): Fleeman Mortuary St. Joseph Mo.

20. FILED 1-28- 1935 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-28, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Jan. 28, 1935, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:05 A M

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

Angina Pectoris — Date of onset

94a

Other contributory causes of importance: no facts

Name of operation none Date of ..... No

What test confirmed diagnosis? Clin Hist 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? No

If so, specify .....

(Signed) Forrest Thomas Coroner, M. D.

(Address) 731 Taaron