

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kansas City Primary Registration District No. 1082  
 City Kansas City (No. 1082) St. Luke's Hospital File No. 9209  
 (Ward) \_\_\_\_\_ Registered No. 1158

2. FULL NAME ROBERT SWIFT

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Olatche, Kas  
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-17-1925

7. AGE YEARS 9 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Smithville Mo

MOTHER FATHER

13. NAME Willard M. Swift

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardner Kas

15. MAIDEN NAME Earldine Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT Willard M Swift  
 (ADDRESS) Olatche Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Olatche Kas DATE 4mch 1935

19. UNDERTAKER J. E. Julien Olatche Kas  
 (ADDRESS) \_\_\_\_\_

20. FILED 3-16 1935 Wm Crowe  
ass't Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1935 to 3-16 1935

I last saw him alive on 3-16 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:  
DIABETES MELLITUS Date of onset 3-5-35

Other contributory causes of importance:  
DIABETIC COMA 3-15-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Wm Crowe M. D.  
 (Address) St. Luke's Hospital 10 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.

1  
2  
7

