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

Do not use this space.

85

22226

1001

File No.

Registered No. 783

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No.

City St. Joseph (No. 814 S. 11th St. St. Ward)

2. FULL NAME James Frederick Swann

(a) Residence, No. 814 S. 11th St. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Jane Swann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1879

7. AGE: Years 55 | Months 11 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) May 1930

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

FATHER

13. NAME James Swann

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) Beulah Phelps

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE July 23, 1935

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED 7-23 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to July 22, 1935. I last saw him alive on July 18, 1935. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Carcinoma Liver Metastatic	5 mo
HP	

Other contributory causes of importance:

Carcinoma Colon primary	?

Name of operation Date of

What test confirmed diagnosis? Clinical 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) L. H. Freeda, M. D.

(Address) St. Joseph Mo