

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.

SEP 16 1935

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

Do not use this space.

791
1003

27567
6595

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. - St. Louis Children's Hosp. - 500 So. Kings highway (Ward)

2. FULL NAME

Paul Swafford
(a) Residence, No. 2510 Nat'l Bridge St. 6 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 1/2 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-35
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis, Mo.

13. NAME Paul Swafford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Gillespie

15. MAIDEN NAME Katherine Bergen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Gillespie

17. INFORMANT C. Yost (ADDRESS) 500 So. Kings highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Gillespie, Ill. DATE 8-3-35

19. UNDERTAKER Shepard Fun Home (ADDRESS) 1407 Harrison Ave

20. FILED DUG - 2 1935 19 1935 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1935, to 8-1, 1935.
I last saw him alive on 8-1, 1935. Death is said to have occurred on the date stated above, at 9:35 p.m.
The principal cause of death and related causes of importance were as follows:

Overdosed dehydration
119 B
Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) Atchewoff M. D.
(Address) 500 So. Kings highway

