

SEP 19 1935

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

Do not use this space.

29053

1. PLACE OF DEATH

County St. LouisRegistration District No. 203Township StatePrimary Registration District No. 5-281

City (No. _____)

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John M. Swafford Ward _____(Usual place of abode) Smithville Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Swafford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21 1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1 mo</u>	
	11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blodgett Co. Kans.</u>		
FATHER	13. NAME <u>John C. Swafford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Shirley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. C.</u>	
17. INFORMANT (ADDRESS) <u>Tom Swafford</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Polo, Mo</u> DATE <u>9/6/35</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Welch Co</u>		
20. FILED <u>9-5-</u> 193 <u>5</u> <u>E. C. Hill</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 17 1935</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>April 6 1935 to Sept 17 1935</u> I last saw him alive on <u>Sept 2 1935</u> . Death is said to have occurred on the date stated above, at <u>3 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic interstitial nephritis</u>	
Other contributory causes of importance: <u>13</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
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) <u>J. F. Ruppel</u> M. D. (Address) <u>Smithville Mo. R. 2,</u>	

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.

