

MAY 18 1936

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

Do not use this space.

14214

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph, s Hospital

File No.

Registered No. 615

St. Ward

2. FULL NAME Benjamin Franklin Swafford

(a) Residence, No. 2504 So. 12th Str St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. II mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Christine Swafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 17. 1884.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
51 II 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R R
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Switchman
10. Date deceased last worked at this occupation (month and year) 7/20
11. Total time (years) spent in this occupation. 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
(STATE OR COUNTRY)

13. NAME William Swafford

14. BIRTHPLACE (CITY OR TOWN) Unknown Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Sally Bennison

16. BIRTHPLACE (CITY OR TOWN) Unknown Tennessee
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Christine Swafford 2504 So. 12 Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE April. 27. 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str, St. Joseph, Mo.

20. FILED 4/27 1936 J. Nestor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 24, 1936. I last saw him alive on April 24, 1936. Death is said to have occurred on the date stated above, at 12:35pm. The principal cause of death and related causes of importance were as follows:

Pneumonia - Lobar

Date of onset about 6 days

Other contributory causes of importance: Arterio-sclerosis - general Nephritis - Chronic

Name of operation Date of
What test confirmed diagnosis? fundus 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
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) J. Nestor, M. D.
(Address) 301 Post Bldg St Joseph 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.

