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.

MAY 27 1936

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

Do not use this space.

16627

1. PLACE OF DEATH
County St Clair — Registration District No. 765 — File No.
Township Osceola — Primary Registration District No. 6266 — Registered No. 16
City (No. , St. Ward)

2. FULL NAME Dick Swright (D. S. was his initials)
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nat Knowe April 15-1863

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 18-632-436 15'

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	0	15'	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~[illegible]~~ Buildings
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonsco Ill

FATHER
13. NAME Aline Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Dailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) A H Meredith Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Clair Co Home DATE April 23 1936

19. UNDERTAKER (ADDRESS) A H Meredith Osceola Mo

20. FILED 5/10 1936 R Seevers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1936

22. I HEREBY CERTIFY, That I attended deceased from — 1932 to April 23 1936
I last saw him alive on April 16 1936 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteria sclerosis	—
97	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? clinical 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 , 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) Ruth Seevers M. D.
(Address) Osceola Mo