

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

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JUL 24 1936

23002

1. PLACE OF DEATH

County **Jackson**
 Township **Kaw**
 City **Kansas City**

Registration District No. **399**
 Primary Registration District No. **1002**
 (No. **1310 Broadway**)

File No. **2934**
 Registered No. **2934**
 St. _____ Ward _____

2. FULL NAME **Miss Annette Swanston**

(a) Residence, No. **1310 Broadway** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 14 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **As stone**
 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) **Scotland**

FATHER 13. NAME **Serge Swanston**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

MOTHER 15. MAIDEN NAME **Elizabeth Sutherland**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT (ADDRESS) **Mrs Elizabeth Morgan**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Elmwood** DATE **6/22 1936**

19. UNDERTAKER (ADDRESS) **Freeman Mortuary & Chapel**
Kansas City, Mo.

20. FILED **6/19 1936 M. M. Corone**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 15, 1936** to **June 19, 1936**
 I last saw her alive on **June 18, 1936** 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:

Chronic Myx - Date of onset
Carditis
 Other contributory causes of importance **arteriosclerosis**

Name of operation **none** Date of _____
 What test confirmed diagnosis? **none** Was there an autopsy? **no**

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? **no**
 If so, specify _____
 (Signed) **J. W. Williams** M. D.
 (Address) **J. W. Williams, M.D.**

before 12 noon

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