

SEP 21 1936

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

Do not use this space.

30376

1. PLACE OF DEATH

County *Cooper*
Township *Chittwell*
City (No. *1*)

Registration District No. *21*
Primary Registration District No. *1780*
5302 B

File No.
Registered No.
St. Ward

2. FULL NAME

Dennis J. Swaney

(a) Residence, No. *Clifton City, Mo.* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *75* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucy Mollenau Swaney</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 25, 1855</i>				
7. AGE	YEARS <i>81</i>	MONTHS <i>4</i>	DAYS <i>22</i>	If LESS than 1 day, hrs. or min.

OCCUPATION

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. Charles, Mo.

FATHER

13. NAME
John Swaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

MOTHER

15. MAIDEN NAME
Ellen Ireland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

17. INFORMANT (ADDRESS)
*John Swaney
Clifton City*

18. BURIAL, CREMATION, OR REMOVAL PLACE - *St. Charles Mo* DATE *Aug 19 36*

19. UNDERTAKER (ADDRESS)
*M. S. Laughlin Bros
St. Charles Mo*

20. FILED *116* 19 *36* *Pat H. H. H. H.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) *8/17/36* 19 *36*

22. I HEREBY CERTIFY, that I attended deceased from *7/17/36* to *8/17/36*, 19 *36*.
I last saw him *7/17/36* alive on *7/17/36*, 19 *36*. Death is said to have occurred on the date stated above, at *52* m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Carcinoma right

had

Name of operation Date of
What part of body was operated on? 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 *36*
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 question related to occupation of deceased? *No*
If so, specify *Apoplexy*
(Signature) *D. H. H. H.*, M. D.
(Address) *St. Charles Mo*

