

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

Do not use this space.

34273

OCT 21 1936

1. PLACE OF DEATH

County Greene
Township Wesley
City Wesley (No.)

Registration District No. 359
Primary Registration District No. 9212-5504

File No. 10
Registered No. 10 St. Ward)

2. FULL NAME

John Wilson Swicegood Swicegood

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. 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 Mattie E. Swicegood

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement works
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) 1931 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME Andrew Swicegood

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

15. MAIDEN NAME Sofry unknown

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

17. INFORMANT Earl Swicegood (ADDRESS) Wesley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberson Cem. DATE Sept. 14, 1936

19. UNDERTAKER A. E. Cleatham (ADDRESS) Wesley, Mo.

20. FILED Sept. 16, 1936 Olga Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1936, to Sept. 9th, 1936

I last saw him alive on Sept. 9th, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pyonephritis
Renal artery thrombosis
Secondary following an acute cystitis.

Other contributory causes of importance: 1230

Name of operation None Date of

What test confirmed diagnosis? Urinalysis 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) D. J. P. Jaycox

(Address) Wesley, 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.

