

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.

NOV 22 1936

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

Do not use this space.

37062

1. PLACE OF DEATH

County CharltonRegistration District No. 175Township CharltonPrimary Registration District No. 5248

City _____ (No. _____)

File No. _____

Registered No. 59

St. _____ Ward _____

2. FULL NAME Oliver Swaley

(a) Residence, No. _____ 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 Male4. COLOR OR RACE Negro5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leunta Swaley

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 ✓8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

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) Charlton Co Mo13. NAME Spence Swaley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Melvin Manhead16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo17. INFORMANT (ADDRESS) Cecil Swaley

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE Oct-17-193619. UNDERTAKER (ADDRESS) Geo W. Winkelman20. FILED 10/11 1936 W. H. Kins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ a. m.

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

Coronary ThrombosisDate of onset 10-10-36

Other contributory causes of importance:

Chronic myocarditis
General arteriosclerosis
Decubitus ulcer

Name of operation _____ Date of _____

What test confirmed diagnosis? Egan 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) W. H. Kins M. D.(Address) Charlton Mo

