

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

DEC 18 1936

40447

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 1802 Edmond St.)

File No.

Registered No. 1427

St.

Ward)

## 2. FULL NAME

Edward Roy Swarthout(a) Residence, No. 1802 Edmond St.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## 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

Lydia Swarthout

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

Feb. 2, 1873

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

63914

## 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.

Retail Grocer.

## 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)

Dickinson Co., Kansas

## 13. NAME

Ira D. Swarthout

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

Pitson, Penn.

## 15. MAIDEN NAME

Annie B. Winbolt

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

Cleveland, Ohio.

## 17. INFORMANT (ADDRESS)

Mrs. Lydia Swarthout  
1802 Edmond St.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn Cem. DATE Nov. 18, 1936

## 19. UNDERTAKER (ADDRESS)

Walter Moore Hoffer  
1302 Faraon St. St. Joseph, Mo.

## 20. FILED

Nov 17 1936 J. H. Heston  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1936 19

## 22. I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1936 to Nov. 16, 1936I last saw him alive on Nov. 15, 1936 Death is saidto have occurred on the date stated above, at 2:30 m. A.M.

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

Chronic Myocarditis  
Chronic Endocarditis

Date of onset

## Other contributory causes of importance

NoneName of operation None Date ofWhat test confirmed diagnosis? Exam. 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) E. M. Shores, M. D.(Address) Pirkpatrick Bldg. St. Joseph, Mo.

