

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

Do not use this space.

FEB 19 1937

2683

1. PLACE OF DEATH

County Ralls
Township Salt River
City Perry Mo. (No. 7)

Registration District No. 727
Primary Registration District No. 4433

File No. 2
Registered No. _____
St. _____ Ward _____

2. FULL NAME Baby Swan

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. Stillbirth. 4 1/2

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) Perry
(STATE OR COUNTRY) Missouri.

13. NAME Dick Swan.

14. BIRTHPLACE (CITY OR TOWN) Perry
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Hattie Swan.

16. BIRTHPLACE (CITY OR TOWN) Perry
(STATE OR COUNTRY) Missouri.

17. INFORMANT Dick Swan.
(ADDRESS) Perry Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn. DATE Jan, 19, 1937

19. UNDERTAKER Clyde C. Wilkey.
(ADDRESS) Perry Mo.

20. FILED Jan 18 1937 Hotchkiss
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 18, 1937.
I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Premature Date of onset Jan 18, 1937

Other contributory causes of importance:
Marginal Placenta
Previa

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. 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) J. H. Hearn, M. D.
(Address) Perry Mo.

