

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

Do not use this space.

MAY 15 1937

15393

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rau Primary Registration District No. 1002
 City Kansas City Mo. (No. Research Hospital) St. _____ Ward _____

File No. 1000
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. North Kansas City Mo. Rt 4 Ward. (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 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 Nonah Swan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1894
 7. AGE YEARS 42 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Can. Co
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo

13. NAME A D Swan

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

15. MAIDEN NAME Alice Eaton

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

17. INFORMANT Mrs. C E Swan (ADDRESS) North Kansas City Mo Rt 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Apr. 24, 1937

19. UNDERTAKER (ADDRESS) Mertons Funeral Home North Kansas City Mo.

20. FILED Apr. 24, 1937 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1937 1937 to Apr. 22, 1937 1937.
 I last saw him alive on Apr. 22, 1937 1937 Death is said to have occurred on the date stated above, at 8.45 A.M.

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

Pneumonia Bronchi Date of onset 4/21/37
1172

Other contributory causes of importance: Perforated gastric ulcer 4/6/37

Name of operation _____ Date of 4/6/37

What test confirmed diagnosis? Clinical 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 _____ 1937
 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) H. C. [Signature] M. D.
 (Address) North Kansas City 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.

