AUG 11 1937

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

Do not use this space.

26238

1. PLACE OF DEATH
County Jackson 2 1
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 1032 West 71st St. Terrace St. 2951 Ward)
File No.
Registered No.

2. FULL NAME MRS. JENNIE SWANSON
(a) Residence, No. 1032 West 71st St. Terrace, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Swanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 1, 1864

7. AGE: 73 Years 6 Months 7 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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): Sweden

FATHER
13. NAME: John Ostrom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Stanley Deacon 1032 West 71st St. Terrace.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Chicago, Illinois DATE July 9 1937

19. UNDERTAKER (ADDRESS): Stine-McClure K. C. Mo

20. FILED 7-9 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937, to July 8, 1937
I last saw her alive on July 8, 1937. Death is said to have occurred on the date stated above, at P.m. 4:10
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Right sided hemiplegia
face, arm, leg
+ aphasia
82a

Date of onset: June 28-37

Other contributory causes of importance:
arterio sclerosis
arterial hypertension
215/110

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Herbert Tuthill, M. D.
(Address) 1125 Rialto Bldg

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.

[illegible] Bldg.