

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 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
 Township  
 City St. Joseph, (No. Mo Methodist Hospital)

Registration District No. 85  
 Primary Registration District No. 1001

37218  
 File No. 1194  
 Registered No. 1194  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Baby Swails

(a) Residence, No. 1725 8th Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 1/2 Hrs 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 1/2</u> hrs. or _____ min.

OCCUPATION  
 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) (STATE OR COUNTRY) St. Joseph, Missouri.

FATHER  
 13. NAME Jacob Swails

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Missouri.

MOTHER  
 15. MAIDEN NAME Lillian Kleinbrodt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

17. INFORMANT (ADDRESS) Jacob Swails 1725 8th Ave St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem St. Joseph, Mo. DATE Oct. 30, 1937

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden & Son 1802 Union St. St. Joseph, Mo.

20. FILED 10-27-37 N. J. Nestor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1937, to October 27, 1937

I last saw her alive on October 27, 1937 Death is said to have occurred on the date stated above, at 1/30 a.m.

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

Prematurity - 6-7 months gestation Date of onset

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Other contributory causes of importance: Toxemia of mother

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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 \_\_\_\_\_, 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. E. Wadlow, M. D.

(Address) 620 Francis St. St. Joseph

