JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No. 46075

Township ~~Township~~ — Primary Registration District No. 3030 — Registered No. 212

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME William Gustave Swank

(a) Residence, No. Danforth St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Frances A. Swank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1851

7. AGE — YEARS 86 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 26

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) Mississippi County Mo.

FATHER

13. NAME Silas Swank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin County Ky.

MOTHER

15. MAIDEN NAME Frances Thompson

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

17. INFORMANT (ADDRESS) Silas Swank Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE 12/29 37

19. UNDERTAKER (ADDRESS) Frank Lay Funeral Service Charleston, Mo.

20. FILED 12-30- 1937 F D Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH 7 P.M.

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1937, to Dec. 27 1937

I last saw him alive on Dec. 27 1937. Death is said to have occurred on the date stated above, at 7 p. m.

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

	Date of onset
Cr. Myocarditis with terminal insufficiency & Pulmonary Edema	1 year 2 days
Other contributory causes of importance: Cr. Interstitial Nephritis	1 yr. or more

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Name of operation ..... 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? ..... 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) W. S. Love, M. D.

(Address) Charleston, 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.