

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

REC'D MAR 14 1938

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Township.....Kaw..... Primary Registration District No. 1002
 City.....Kansas City..... (No. St. Luke's Hospital).....

File No. 5810
 Registered No. 876
 St. _____ Ward _____

2. FULL NAME

George Anne Swanson 525

(a) Residence, No. 103 Ward Parkway 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 21, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to Feb 21, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1938

I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 8:30A m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin. 1

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

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

Cyanid. aspiration pneumonia Date of onset 2-20-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

Other contributory causes of importance:

Saba

13. NAME Russell E. Swanson

Name of operation Relieve Date of 2-20-38

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

What test confirmed diagnosis? Culture Was there an autopsy? Yes

15. MAIDEN NAME Ione Foster

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Russell E. Swanson (ADDRESS) 103 Ward Parkway, Kansas Cy., Mo

Manner of injury _____

18. BURIAL, CREMATION, OR DISPOSAL PLACE Elmwood Cemetery Kansas City, Mo. DATE Feby. 22, 1938

Nature of injury _____

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Richard B. Smith, M. D.

20. FILED 27 22 38 Dr. D. Brown Registrar.

(Address) 201 Plaza, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 876
 City..... (No. St. Luke's Hospital St. Ward)

2. FULL NAME

George A. Swanson
 (s) Residence, No. 103 Ward Farhaway 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 ♂ 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

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).....

MOTHER FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

19. UNDERTAKER (ADDRESS)

20. FILED 2/22 1938 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1938

22. I HEREBY CERTIFY, That I attended deceased from to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery, Thrombosis
160B
 Other contributory causes of importance: Tobacco

Name of operation arteriotomy Date of 2-20-38
 What test confirmed diagnosis autopsy Was there an autopsy? Yes

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?.....
 If so, specify..... (Signed)....., M. D.
 (Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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