

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

Do not use this space.

REC'D MAY 13 1938

14733

1. PLACE OF DEATH

County Harrison
Township Bethany
City _____ (No. _____)

Registration District No. 234
Primary Registration District No. 5465

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Elwin Theo. Swain

500

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MA 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1938, to April 22, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1884

I last saw him alive on April 22, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

7. AGE YEARS 54 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
Carcinoma Head of Pancreas Date of onset: 6-1938

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

Other contributory causes of importance:
Definite growth - lungs - liver
of this

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

13. NAME Wm. H. Swain

Name of operation _____ Date of _____
What test confirmed diagnosis? Cultures Was there an autopsy? Yes

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

15. MAIDEN NAME Emily Jane Durham

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) Ill.

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 R. D. Swain

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson DATE 4-24-1938

Manner of injury _____
Nature of injury _____

19. UNDERTAKER S. W. [unclear]

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____ (Signed) W. J. [unclear], M. D.

20. FILED 4-27-1938 G. L. [unclear] Registrar

(Address) Bethany 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.

