

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.

REC'D MAY 23 1938

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

Do not use this space.

1. PLACE OF DEATH
 74 County Madison Registration District No. 626 File No. 15432
 Township East Primary Registration District No. 3031 Registered No. 5-K
 1 City Marion, Mo. (No. St. Francis Hospital St. _____ Ward _____)

2. FULL NAME Wm Wilson Swinford
 (a) Residence, No. 1418 East Jackson St. Ward. 4 (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 Male 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 Maggie Swinford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 67 11 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Osage Missouri
 MOTHER 13. NAME James Madison Swinford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Angeline E. Lee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Maggie Swinford
 (ADDRESS) Marion, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE April 25 1938
 19. UNDERTAKER Cummins Funeral Home
 (ADDRESS) 927 South Third Marion, Mo.
 20. FILED Apr 25 1938 Marion E. Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 38
 22. I HEREBY CERTIFY, That I attended deceased from April 20 38, to April 22 38
 I last saw h. live alive on April 22, 1938 Death is said to have occurred on the date stated above, at 11:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Fracture Left Parietal with severe concussion of Brain, accidentally sustained from accid. Date of onset _____
 Other contributory causes of importance: 207 M
 Name of operation None 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? Accident Date of injury 4/20 1938
 Where did injury occur? Marion, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Old Highway
 Manner of injury Struck by a Railroad Bridge
 Nature of injury under wheel as was riding
 24. Was disease or injury in any way related to occupation? No
 If so, specify... Chas. T. Bell M. D.
 (Signed) _____ (Address) Marion, Mo.

