

REC'D SEP 27 1938

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

29677
Do not use this space.

PLACE OF DEATH

County Perry

Township Baird

City

Registration District No. 1128

Primary Registration District No. 5879a

Registered No. 7

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

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

2. PRINT FULL NAME Charley Swan

(a) Residence, No. Mo. Bride St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Amelia Bert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1884

7. AGE YEARS 53 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer 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) Perry, Co Mo

13. NAME William Swan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

15. MAIDEN NAME Mary Sandlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

17. INFORMANT (ADDRESS) Mrs. Charley Swan

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE July 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Berry Funeral Home

20. FILED Sept 10, 1938 Elmer Elder Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 7, 1938 to July 4, 1938 I last saw him alive on July 4, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset like 1437

Other contributory causes of importance: none

Name of operation none Date of none What test confirmed diagnosis? pathology 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 none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Jason J. Bredell, M. D. (Signed) Elmer Elder (Address) Elmer Elder, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

JAN 25 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Albert H. Berg

Licensed Embalmer No. *3866*

P. O. Address *Perryville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.