

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

Do not use this space.

M-19004

27 1000

PLACE OF DEATH
 County.....*Putnam*..... Registration District No. *668*
 Township.....*Sedalia*..... Primary Registration District No. *39-2th*
 City.....*Sedalia*..... (N. 1701 6-18-) St. Ward.....
2. FULL NAME *Andrew James Swezey.*
 (a) Residence. No. St. Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 10-1849*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 11 1
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N.Y.*
PARENTS
 10. NAME OF FATHER *Oliver Swezey*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *N.Y.*
 12. MAIDEN NAME OF MOTHER *Don't Know*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *11*
 14. INFORMANT *Mrs. Giv. Blair*
 (Address) *Sedalia Mo*
 15. FILED *5-28-29* *J. P. Love* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 11 1929*
 17. I HEREBY CERTIFY That I attended deceased from *May 11 1929*
 that I last saw him/her on *May 10 1929*, and that death occurred, on the date stated above, at *10 P.* m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Bright's Disease
131 Valvular
9th Heart Disease
Medical Regulator (duration) yrs. 3 mos. da.
 CONTRIBUTORY (SECONDARY) *Bright's Disease*
 (duration) *1* yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN ACCIDENT?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (State) *Frank R. Newby M. D.*
 (Address) *Sedalia Mo*
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Abell Cemetery *5/12 1929*
 20. UNDERTAKER ADDRESS
Gillespie *Sedalia*

