

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

33368

1. PLACE OF DEATH

County Jackson Registration District No. 1007 File No. _____
 Township New Primary Registration District No. _____ Registered No. _____
 City Kansas (No. 1526) Charlotte St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1526 Charlotte 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mas 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 10 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) day laborer
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Swartz
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Betty Fisher
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

14. INFORMANT George Swartz
 (Address) 1526 Charlotte

15. FILED OCT - 9 1918 REGISTRAR
Eda Lewis

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1918
 17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1918, to Oct 8, 1918, that I last saw him alive on Oct 8, 1918, and that death occurred, on the date stated above, at 1:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Robert Pneumonia

16 (duration) yrs. mos. ds.
 CONTRIBUTORY Influenza
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
 (Signed) E. P. Fuller M. D.
10/9, 1918 (Address) 1220 Broadway

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leffington Mo. DATE OF BURIAL 10/10 1918
 20. UNDERTAKER Mrs C. E. Porter ADDRESS 618 Brooklyn

mo. 74. m. 1918

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. E.—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.

