JUN 4 1928

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

Do not use this space.

14476

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 83
City Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME George Edson Swetnam 5/31/1928 n.g.
(a) Residence. No. 1326 Henry St., 4th 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

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: Louise

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19th 1897

7. AGE: Years 30 — Months 11 — Days — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Section Foreman
(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): Mo

PARENTS
10. NAME OF FATHER: Thomas S Swetnam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Ella Chism
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Lewis Swetnam
(Address) Moberly Mo

15. FILED 4/21 1928 D. T. S. Flemind REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apl 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 11 1928, to April 19 1928, that I last saw him alive on April 19 1928, and that death occurred, on the date stated above, at 11:48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
(duration) yrs. mos. few days

CONTRIBUTORY (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? Clinical & X Ray
(Signed) R. D. Stueler, M. D
4-21st 1928 (Address) Moberly 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: Moberly Mo — DATE OF BURIAL: 4-21st 1928

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mahan & Son
FUNERAL DIRECTORS
Moberly, Mo.

May 29th, 1928

RECEIVED
MAY 31 1928
THE STATE BOARD OF HEALTH
OF MISSOURI.

State Registrar Bureau of Vital Statistics,
Jefferson City, Mo.

Dear Sir:

Enclosed find check for $.50 for a certified copy of the certificat of death of George Edson Swetnam, whose death occurred April 19th, 1928. The original certificate, sent to you by Dr. T.S. Fleming of this district was listed as George E. Swetnam but the deceased had U.S. Government Insurance with his full name as is listed above therefore if it is possible for you to do so we would highly appreciate this copy under the name of George Edson Swetnam otherwise the Government might not pay the widow of this man without considerable delay to be sure that they were paying on the right person; if i would be necessary to change your records to do this, we would cheerfully remit any charge which you would see fit to make.

Thanking you in advance for your kindness in this matter and assuring you of a prompt remittance upon notification of any further charges we are

Very truly yours

Mahan & Son.

Albert K Mahan

S(Z) 1447.6

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph — Registration District No. 725 — File No. .....

Township ..... — Primary Registration District No. 3034 — Registered No. .....

City Moberly (No. ....., ... St. ..... Ward)

2. FULL NAME George E. Swetnam

(a) Residence. No. 1326 Henry St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	30	4	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section Foreman

(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)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 4/21, 1928 D. T. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. D. Streeter, M. D

, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—[illegible] of information should be carefully [illegible] AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be [illegible] classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR [illegible]CATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

ｱﾄﾘｶﾘ-5