

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

Do not use this space.

619

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 5235
City Near Brunswick (No. St. Ward)

File No. 4
Registered No.

2. FULL NAME

Harvey H. Swan

(a) Residence No. 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. 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)

Male white Married

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

Mrs. H. H. Swan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-20-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmwork
(c) Name of employer

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

10. NAME OF FATHER Alexander Swan

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

12. MAIDEN NAME OF MOTHER Serina Hoff

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

14. INFORMANT Edward Swan
(Address) Brunswick Mo

15. FILED 1/5 29 Harry E. Paton
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4 1929

17. I HEREBY CERTIFY, That I attended deceased from sun 1929, to sun 1929, in sun 1929, to sun 1929, that I last saw h. alive on late night, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Fall from a log and fractured base of skull

CONTRIBUTORY (SECONDARY) 1869 1945 185

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .. 14

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Bleeding from ears
(Signed) W. P. Gilligan, M. D.

1/4 1929 (Address) Kentucky

*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 Brunswick Mo DATE OF BURIAL Jan 6 1929

20. UMBERTAKER L. W. Weisig Brunswick
ADDRESS

1929
21
0
0
1
2
2
2
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.

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