

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

Do not use this space.

8714

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 300
Primary Registration District No. 1002

File No. _____
Registered No. 111-1
St. _____ Ward _____

2. FULL NAME

Louis W Swan
(a) Residence. No. 225 N Union St. 1 Ward. Independence Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. = mos. 9 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 Hester Swan married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
52 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Job Printer
(b) General nature of industry, business, or establishment in which employed (or employer) Printing
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Albion
(STATE OR COUNTRY) NY

10. NAME OF FATHER John D Swan

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

12. MAIDEN NAME OF MOTHER Maria Hymen

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

14. INFORMANT Hester Swan
(Address) 225 N Union Indep Mo

15. FILED 3/11 19 30 M. M. Groves
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9th 19 30

17. I HEREBY CERTIFY, That I attended deceased from 2/28/30 19 30 to 3/9 19 30 that I last saw him alive on 2/9 19 30, and that death occurred, on the date stated above, at 4:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
12.7A
12.9
(duration) ___ yrs. ___ mos. 9 ds.

CONTRIBUTORY (SECONDARY) Gaugue Gall bladder

(duration) ___ yrs. 4 mos. ___ ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 1st 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Culture found @

(Signed) George W. Whitman M. D.

3/10 19 30 (Address) 111 Grand Ave

*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 Mount Moriah Centry DATE OF BURIAL 3-11 19 30

20. UNDERTAKER Ott and Mitchell ADDRESS Independence 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.

