

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

Do not use this space.

21666

2801

1. PLACE OF DEATH

County Jackson
Township Green
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 2801
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Bearsford S.D. St., _____ Ward.

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1858

7. AGE YEARS 72 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 211

FATHER 13. NAME Karl M. Swanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Emily J. Jellstedt

18. BURIAL, CREMATION, OR REMOVAL PLACE Bearsford S.D. DATE July 12 1931

19. UNDERTAKER (ADDRESS) John J. Sheehan and Co

20. FILED 7/28 1931 M. M. Crayle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-31 1931, to 6-27 1931

I last saw him alive on 6-27 1931 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy of Prostate Date of onset _____

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Other contributory causes of importance: _____

Name of operation Ext. of Prostate Date of 6-25-31
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) P. E. Willenius M. D.
(Address) Sup. T.C. Gen. Hosp.

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.

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

FOIA should be stated by
-after Ex- statement

John Anderson