

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.

4250

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Union
City Keosauqua (No.)

Registration District No. 231
Primary Registration District No. 5315

File No. 12350
Registered No.
St. Ward

2. FULL NAME

Max Mathew Swyers

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Keosauqua Mo

13. NAME Max C. Swyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

15. MAIDEN NAME Mary Ellen Stroud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo

17. INFORMANT (ADDRESS) Max C. Swyers Keosauqua Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keosauqua DATE 4/23/34 19

19. UNDERTAKER (ADDRESS) W. B. ...

20. FILED 4-30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Burned to death when home burned by accident

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Albert Elong Coroneil
(Address) Boston, Mo.

