

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 ST. LOUIS Registration District No. 1123 File No. 15324
Township Carroll Primary Registration District No. 6748A Registered No. 133
City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME Clayborne B. SWON

(a) Residence, No. 308 So. 2nd Str., St. Louis, Mo. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House
10. Date deceased last worked at this occupation (month and year) July, 1933 11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) Aux Vasse
(STATE OR COUNTRY) Missouri

13. NAME James Swon

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Louisa Wright

16. BIRTHPLACE (CITY OR TOWN) Calloway County
(STATE OR COUNTRY) Missouri

17. INFORMANT F. T. Grigg, M.D., Act. Clin. Dir.
(ADDRESS) Vets. Adm. Fac. Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff. Cem. Jeff. Bks. Mo. DATE 4-21-1934

19. UNDERTAKER Wm. Whalley
(ADDRESS) 1175 1/2 S. 1st St. St. Louis, Mo.

20. FILED 4-20-1934 D. H. Tate M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934 to April 19, 1934

I last saw him alive on April 19, 1934 Death is said to have occurred on the date stated above, at 8:10 P. M.

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

Chronic Myocarditis

Date of onset Unkn.

Other contributory causes of importance:

Coronary Sclerosis

Unkn.

Embolism Femoral Artery, left

Name of operation Amputation left leg Date of Apr. 5/34
Physical X-ray, laboratory findings

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) W. G. ELSON, M.D., Manager

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.

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TO

010010

**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 St. Louis Registration District No. 112 3 File No. _____
 Township Carondelet Primary Registration District No. 62488 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Clayborne B Snow (Swon)
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (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 S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 4-20 1934 B. G. Tate M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 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:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: g.c.

due to gangrene and embolism

Name of operation amputation of left leg 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) W. L. Gibson M. D.

(Address) 1615 Adams St. Jefferson, Mo.

SUPPLEMENTARY

S-15324

1953
10-15-53