

DEC 12 1934

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

Do not use this space.

38559

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. Missouri Methodist Hospital St. Ward)

File No.

Registered No. 12342. FULL NAME Beryl Burton Swingle(a) Residence, No. Clarinda, Iowa
(Usual place of abode)St. Clarinda, Iowa
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Swingle6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>20</u>	<u>9</u>	<u>9</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck-driver9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Edwin Harms

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska13. NAME Robert Swingle14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa15. MAIDEN NAME Louise Parrott16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa17. INFORMANT Robert Swingle
(ADDRESS) Yorktown, Iowa

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarinda Iowa DATE Nov 14 193419. UNDERTAKER H.O. Sidenfaden
(ADDRESS) St. Joseph, Mo.20. FILED 11-12-34 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 193422. I HEREBY CERTIFY, That I ~~attempted~~ delivered deceased from Nov 11, 1934, to

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:35 P.M.

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

Fractured Skull
Cerebral Hemorrhage
21st
22nd
23rd
24th

Date of onset

Other contributory causes of importance:

Truck ran into ditchName of operation none Date of _____What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes, (violence); fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/11, 1934Where did injury occur? Public Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Truck ran into ditchNature of injury Fractured Skull24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Truck Thomas Conover(Signed) John R. Bender, M.D.(Address) 731 Jaaron

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

