

1935 2 2 1938

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

Do not use this space.

19983

1. PLACE OF DEATH

County Jackson Registration District No.           
Township Kaw Primary Registration District No.           
City Kansas City (No.         ) St. Lukes Hospital St.          Ward         

File No.           
Registered No. 2021  
St.          Ward         

2. FULL NAME Daniel M. Swan

(a) Residence, No. Berkshire Apts. St.          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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Gertrude V. Swan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 11 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Kansas

13. NAME Daniel M. Swan

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

15. MAIDEN NAME Lemira Ford

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

17. INFORMANT Mrs. Gertrude V. Swan  
(ADDRESS) Berkshire Apts. 1021 E. Lin.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Kan. DATE 6/29/35 19

19. UNDERTAKER R. V. Lindsey & Sons  
(ADDRESS) 3811 Broadway K. C. Mo.

20. FILED 6/28 1935 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/35 1935

22. I HEREBY CERTIFY that I attended deceased from May 25 1935, to June 27 1935

I last saw him alive on June 27, 1935. Death is said to have occurred on the date stated above, at 1 p.m.

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

Coronary Sclerosis  
Aortic Sclerosis  
Myocarditis

Date of onset

Other contributory causes of importance:

Pulmonary infarct

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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? no

If so, specify J. P. [Signature], M. D.

(Address) 1032 Prof Bldg

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.

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

Dr. H. P. Bougloune  
Professional Society  
1 to 4