

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

Do not use this space.

AUG 20 1935

23000
2786

1. PLACE OF DEATH
 48 County JACKSON District No. _____
 Township KAW Registration District No. _____
 10 City KANSAS CITY (No. 2219 EAST-70TH) St. _____ Ward _____

2. FULL NAME MRS. HILDA M SWANSON
 (a) Residence, No. 2219 EAST-70TH St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 JOHN SWANSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-19-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>10</u>	<u>15</u>	

OCCUPATION

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

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

FATHER

13. NAME BONDE SWANSON

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

MOTHER

15. MAIDEN NAME CECELIA

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

17. INFORMANT MISS VERA SWANSON
 (ADDRESS) 2219 EAST-70TH ST.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE FOREST HILL DATE JULY-6-35

19. UNDERTAKER D.W. NEWCOMER'S SONS
 (ADDRESS) 2111 EAST-9TH ST.

20. FILED July 6 1935 M.M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 3 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 30 1935 to JULY 3 1935

I last saw h. alive on JULY 2 1935 Death is said

to have occurred on the 2nd stated above, at 7:30 AM.

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

ARTERIOSCLEROSIS
CHRONIC MYOCARDIUS
CHRONIC NEPHROSIS

Date of onset

Other contributory causes of importance:

CARDIAL FAILURE
PULMONARY EDEMA

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? NO

If so, specify _____

(Signed) O. C. Lundgard, M. D.

(Address) 6974 Osage
H. E. New

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

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state BIRTH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY BE RESERVED FOR BINDINGS

2-4, 1-7

X