

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.

APR 27 1936

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

Do not use this space.

18230

1. PLACE OF DEATH

County Oxas Registration District No. 862
Township Boone Primary Registration District No. 6131
City Cabool (No.) St. Ward

File No.
Registered No. 10
St. Ward

2. FULL NAME

Freeman Lyman Swift
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 22 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 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 Louisa Swift
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 10 months
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington CO Ohio

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Magnum Swift Cabool Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE April 5 1936

19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Cabool Mo

20. FILED April 10 1936 Mrs. Lois Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Apr 4 1936
I last saw him alive on Apr 11 1936 Death is said

to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset any 1936

Other contributory causes of importance:

Name of operation Date of
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? no
If so, specify
(Signed) Tom Edwards, M. D.

(Address) Cabool Mo

