

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 423
Township Rock Primary Registration District No. 5578
City Barnhardt (No. Barnhardt, Mo.) St. _____ Ward _____

File No. 27558Registered No. 192. FULL NAME Josephine Swan

(a) Residence, No. 4448a Russell Blvd St. _____ Ward. St. Louis, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Robert C. Swan

5. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Missouri13. NAME Andrew Kilhanner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Magdaline Witt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Charles D. Swan
(ADDRESS) 4448a Russell Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico, Mo. DATE July 12th, 3719. UNDERTAKER W. Lehmann
(ADDRESS) 1905 Union Blvd.20. FILED July 12 = 1937 Phil. J. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th, 193722. I HEREBY CERTIFY, That I attended deceased from July 27 1937, to July 11 1937.I last saw h. or alive on July 11 1937. Death is said to have occurred on the date stated above, at 3:30 a. m.

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

Malignancy of liver (about Feb. 37)(probably primary carcinoma)Anemia, secondary about Mar 37

Other contributory causes of importance:

Abdominal hemorrhageName of operation None 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) Mary A. McLean M. D.(Address) 4163 Magnolia, St. Louis, Mo.

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.

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