

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Clay
Township Gallatin
City Birmingham, Mo.

Registration District No. 197
Primary Registration District No. 5276
(No. home)

File No. 45089
Registered No. _____
St. _____ Ward _____

2. FULL NAME Donald Leonard Swan

(a) Residence, No. Birmingham, Mo. St. _____ Ward _____
(Usual place of abode)

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. (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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1937

7. AGE YEARS 6 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Birmingham, Mo. (STATE OR COUNTRY) 1

13. NAME Leonard Estle Swan

14. BIRTHPLACE (CITY OR TOWN) Paradise, Mo. (STATE OR COUNTRY) 1

15. MAIDEN NAME Amney Calvin Lowman

16. BIRTHPLACE (CITY OR TOWN) Smithville, Mo. (STATE OR COUNTRY)

17. INFORMANT Leonard Swan (ADDRESS) Birmingham, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo. DATE December 7, 1937

19. UNDERTAKER Morton Funeral Home (ADDRESS) North Kansas City, Mo.

20. FILED Dec. 11, 1937 Vida C. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1937, to Dec 6, 1937. I last saw him alive on Dec 4, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: 1070

Acute Coryza

Name of operation _____ Date of _____

What test confirmed diagnosis Respiration 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? _____

If so, specify Bureau of Health (Signed) North Kansas City, M. D.

(Address) _____

Per. L. M. A.

Meyer

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.

