REC'D MAY 9 1938

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

13636
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City, Mo.
(d) Street No. St. Joseph Hospital, K.C.Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 1616

2. PRINT FULL NAME Mary Emma Swain, 500
(a) Residence, No. 6918 Brooklyn Avenue, K.C.Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4th, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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

FATHER
13. NAME Charles Gaylord,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER
15. MAIDEN NAME Louisa Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. W.E.Mc Ginnis,
(ADDRESS) 6918 Brooklyn Avenue, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsburg, Kansas DATE Apr. 15th, 1938

19. FUNERAL DIRECTOR Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED Apr 15, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from JULY 1, 1937, to APR. 15, 1938
I last saw her alive on APR. 14, 1935. Death is said to have occurred on the date stated above, at 2:15 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE PHLEGMONUS GASTRITIS	3 DAYS
ACUTE PERITONITIS	3 DAYS
CHOLECYSTOLITHIASIS & CHOLECYSTODUCHOLITHIASIS	
CHRONIC GLOMERULO NEPHRITIS	YRS.
RECENT HYPERTENSION	MOS.

Other contributory causes of importance: 136

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
(Signed) B. C. Lustgard, M. D.
(Address) 6944 Prospect K.C.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)