

REC'D SEP 8 1939

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

29885
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 657
 (b) Township Berry Primary Registration District No. 5874 Registered No. 9
 (c) City Seventy Six (d) Street No. _____ 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.

2. PRINT FULL NAME

577 Albert R. Swan
 (a) Residence, No. _____ St. Seventy Six
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Farrer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Pumper
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad (Frisco)
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Perry County
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Swan
 14. BIRTHPLACE (CITY OR TOWN) Charleston
 (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Senia Salon
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Sloan Cotner
 (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem. DATE 8-6-1939

19. FUNERAL DIRECTOR (NAME) Hamans Funeral Home
 (ADDRESS) Cape Girardeau Missouri

20. FILED 8-5- 1939 Adolph G. Schmidt
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1937, to June 28, 1939
 I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

ApoplexyAtherosclerosis cerebral vesselsDate of onset
8-3-392 yrsOther contributory causes of importance: StrokeName 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) Alfred Fischer, M. D.

(Address) Altenburg, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed L. L. Hanson

Licensed Embalmer No. 2803

P. O. Address Cape Girardeau

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.)

If this body is not embalmed, above space should be left blank.