

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.

OCT 15 1936

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

Do not use this space.

34348

1. PLACE OF DEATH

County Jackson
Township Pikaw
City Kansas City (No. 12002)

Registration District No. 399

Primary Registration District No. 12002

File No.

Registered No. 4067

St. 11th Ward

2. FULL NAME

Emerald Swellum

(a) Residence, No. 713 St. Louis St. 11th Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Nellie B Swellum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1878

7. AGE YEARS 58 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper
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) Mo Ohio

13. NAME John Swellum

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

15. MAIDEN NAME Anna Finck

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

17. INFORMANT (ADDRESS) Perma Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Calverton Mo DATE 9-3-1936

19. UNDERTAKER (ADDRESS) D. J. O'Donnell Co.

20. FILED 9-2 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1936 to 9-1 1936

I last saw him alive on 9-1 1936 Death is said to have occurred on the date stated above, at 1:30 am

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

Pulmonary Tuberculosis Date of onset 3
Broncho pneumonia

Other contributory causes of importance:
Broncho pneumonia

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?
If so, specify

(Signed) J. J. Crowe M. D.
(Address) 12002

