

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

Do not use this space.

30326

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3032
 Township Jaw Primary Registration District No. 1002 Registered No. 3032
 City Kansas City (No. 755 General Hosp) St. 1st Ward

2. FULL NAME

(a) Residence. No. Swaine Fred Ward. 1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
55 | 5 | 27 | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Nelson J. Swainze

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan

12. MAIDEN NAME OF MOTHER Anna Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan

14. INFORMANT Record Clerk (Address) K.C. General Hosp.

15. FILED 10/10, 1927 W. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1927

17. I HEREBY CERTIFY That I attended deceased from 9-20, 1927 to 10-5, 1927 that I last saw him alive on 10-5, 1927, and that death occurred, on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
76B
44A (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Did an operation precede death? no DATE OF

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS? Chem. findings
 (Signed) George O. Fee M. D.

10-6, 1927 (Address) Asst. Supt. K.C. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds DATE OF BURIAL 10/18 1927

20. UNDERTAKER O. V. Mast ADDRESS 1916 East 15

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.

THIS IS PERMANENT RECORD

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