

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDAState Board of Health  
Bureau of Vital StatisticsState File No. 24108

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Lake District No. 2-40

(b) Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_  
(Write name, not number)

(c) City or Town Eustis City or Town No. 24523

(d) Name of hospital or institution Veteran Memorial Hospital Street No. 26 South St.  
(If not in hospital or institution, write street number or location) (If outside city or town limits, write RURAL)

(e) Length of stay: in hospital or institution 5 days (If funeral, give location)

At place of death Yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County Lake

(c) City or Town Eustis (If outside city or town limits, write RURAL)

(e) Citizen of foreign country? No. yes or no

If yes, name country \_\_\_\_\_

2. FULL NAME OF DECEASED John H. Swain3 (a) If veteran, name war None 3 (b) Social Security No. None4. Sex male 5. Color or race white6. Single, married, widowed or divorced married

7 (a) If married, widowed or divorced, husband of (or)

wife of Willa Swain4 (b) Age of husband or wife, if alive 60 years7. Birth date of deceased Mar. 11 - 1874  
(month) (day) (year)8. Age: Years 71 Months 9 Days 16 If less than one day  
hrs. min.9. Birthplace Wescarwas County, Ohio  
(City, town or county) (State or foreign country)10. Usual occupation Ball Player11. Industry or business Professional Baseball12. Name William S. Swain13. Birthplace Wescarwas County, Ohio14. Maiden name Elizabeth John15. Birthplace Wescarwas County, Ohio16. Informant's Signature John H. Swain17 (a) Address 26 South Street, Eustis, Fla.17. Burial, cremation or removal? Burial17 (a) Date Dec-31-1945 (b) Place Eustis, Fla.18. Funeral Director's Signature W. L. Jellum19. Address Eustis, Fla.20. JAN 10 1946 19 Willa M. Swain Local Registrar

## MEDICAL CERTIFICATION

20. Date of Death: Month Dec. Day 27  
Year 1945 hour 7 Minute 10 A.M.21. I hereby certify that I attended the deceased from Dec 17  
19 45 To 12-27 19 45.that I last saw him alive on 12-27 19 45.

and that death occurred on the date and hour stated above. Duration

Duration

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

93-3

22. Signature W. L. Jellum (e) Means of injury \_\_\_\_\_ M. D.

(a) Eustis Fla. Date 12/27/45

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

DEC 18 1945

C. Munch Briggs  
State RegistrarWARNING:  
7581445

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HRS  
DEPARTMENT OF HEALTH AND  
REHABILITATIVE SERVICES

HRS FORM 1564 (6-93)