

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
Vital Records Section

State File No. **57852**

Local File No. **14279**

DEATH No.

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE <b>MICHIGAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DETROIT</b>		c. LENGTH OF STAY (In this place) <b>20 YEARS</b>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
e. TOWNSHIP, CITY OR VILLAGE <b>DETROIT</b>		f. STREET ADDRESS (If rural, give location) <b>14015 VASSAR</b>	
3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>GRACE HOSPITAL (CENTRAL)</b>			

4. NAME OF DECEASED (Type or Print) <b>ROBERT</b>	a. (First) <b>V.</b>	b. (Middle) <b>SWIFT</b>	c. (Last)	5. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 17 1966</b>
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6. SEX <b>MALE</b>	7. COLOR OR RACE <b>WHITE</b>	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	9. DATE OF BIRTH <b>MARCH 6, 1915</b>	10. AGE (In years last birthday) <b>51</b>	If under 1 year Months Days	If under 24 Hrs. Hours Min.
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11. OCCUPATION (Give kind of work or some part of working life, even if retired) <b>COACH</b>	12. KIND OF BUSINESS OR INDUSTRY <b>DETROIT BASEBALL CO.</b>	13. BIRTHPLACE (State or foreign country) <b>SALINA, KANSAS</b>	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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15. FATHER'S NAME <b>JAY R. SWIFT</b>	16. MOTHER'S MAIDEN NAME <b>IRENE T. FORD</b>	17. NAME OF HUSBAND OR WIFE OF DECEASED <b>EDITH HULL SWIFT</b>
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18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>	19. SOCIAL SECURITY NO. <b>511 10 5314</b>	20. INFORMANT'S NAME <b>MRS. EDITH SWIFT, DETROIT, MICHIGAN</b>	21. ADDRESS <b>14015 VASSAR</b>
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22. CAUSE OF DEATH State only one cause but may be (a), (b), and (c).  *This does not mean the cause of dying, such as heart attack, asthma, etc. It means the disease, injury or condition which caused death.  <b>180X</b>	MEDICAL CERTIFICATION		Interval Between Onset and Death <b>6 mon</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypernephroma</b>  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

23. DATE OF OPERATION	24. MAJOR FINDINGS OF OPERATION	25. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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26. ACCIDENT (Specify) <b>ROBBERY</b>	27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <b>DETROIT WAYNE MICHIGAN</b>
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29. TIME (Month) (Day) (Year) (Hour) <b>17 OCT 1966</b>	30. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	31. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **August 1966** to **17 Oct 1966**, that I last saw the deceased alive on **17 Oct 1966**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

32. SIGNATURE <b>Elmer B. Heller MD</b>	33. ADDRESS <b>459 Fisher Bldg.</b>	34. DATE SIGNED <b>17 Oct 1966</b>
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35. FUNERAL CREMATION, BURIAL (Specify) <b>BURIAL</b>	36. DATE <b>OCT. 21, 1966</b>	37. NAME OF CEMETERY OR CREMATORY <b>ROSELAWN MEMORIAL</b>	38. LOCATION (City, village, twp., or county) (State) <b>SALINA, KANSAS</b>
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39. REGISTERED BY LOCAL REG. REGISTRAR'S SIGNATURE <b>John J. Hanlon MD</b>	40. FUNERAL DIRECTOR'S SIGNATURE <b>John W. Stockman</b>	41. ADDRESS <b>THE W. R. HAMILTON CO, DETROIT, MICHIGAN.</b>
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