Jean's comments:

About the death certificates – the number, 93d, etc. – seem to be a means of coding for statistical purposes, perhaps disease, age, occupation, etc. There was no back side on Grandpa Nygren's. Of course it says he died after surgery, the recovery complicated by circulatory disorder (diabetes).

You see we have some new dates on Hannah. I applied for, but the state couldn't find, a record of her death.

HVS-20011—200 M—11-42

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

525

File No. 99377

Primary Dist. No. 40-28-01

CERTIFICATE OF DEATH

Registered No. 1435

1. PLACE OF DEATH
(a) County Luzerne
(b) Township
(c) Borough
(d) City Wilkes-Barre
(e) Name of hospital or institution
(If not in hospital or inst. write street number or location)
(f) Length of stay: In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County Luzerne
(c) City or town Wilkes-Barre
(If outside city or town limits, write RURAL)
(d) Street No. 553 No River St
(If rural give location)
(e) If citizen of foreign country, name country

(a) FULL NAME Charles Swanson

(b) If U. S. Veteran, complete reverse side of certificate
3. (c) Social Security No.

Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Tava Swanson
6. (c) Age of husband or wife if alive 75 years

Birth date of deceased Dec (Month) 12 (Day) 1866 (Year)

AGE: Years	Months	Days	If less than one day
77	11	10	hr. min.

Birthplace Sweden (City, town, or county) (State or foreign country)

Usual occupation
Industry or business Retired
2. Name Sven Olson
3. Birthplace Sweden (City, town, or county) (State or foreign country)
4. Maiden name —
5. Birthplace — (City, town, or county) (State or foreign country)

(a) Informant's own signature E A Swanson
(b) Address 625 Gibson Ave Kingston Pa
(a) Hollenback Co (b) Date thereof Dec 1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Wilkes-Barre County Luzerne State Pa
(d) Signature of funeral director W. E. Doron
(e) Address Wilkes-Barre Pa
(a) Nov 29 1944 (b) James J. Jump
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 11 day 27 year 44 hour minute

21. I hereby certify that I attended the deceased from Aug 1943, 19 to Nov, 1944 that I last saw h alive on 11-20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute coronary occlusion
Due to arteriosclerosis and coronary sclerosis
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
Hour
Minute
Year
77

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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)
While at work? (e) Means of injury M.D.

23. Signature S Swoschile (M. D. or other)
Address Wilkes-Barre Pa Date signed 11-28-44

Form V. E. No. 5—1000M, 2-18-19.

PLACE OF DEATH.

County of Luzerne

Township of

or Borough of

or City of Wilkes Barre (No. City Hospital St., 181

2. FULL NAME Baby Swanson

CERTIFICATE OF DEATH

Registration District No. 667

Primary Registration District No. 51

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

File No. 51634

Registered No. 446

Ward.)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
Female	White	(Write the word.) Single

6. DATE OF BIRTH April 7th 1919 (Month) (Day) (Year)

7. AGE ... yr. ... mo. ... d. 3 — If LESS than 1 day how many ... hrs. or ... min.)

8. OCCUPATION
(a) Trade, profession, or, particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Penna

PARENTS

10. NAME OF FATHER Edwin A Swanson

11. BIRTHPLACE OF FATHER (State or Country) Penna

12. MAIDEN NAME OF MOTHER Emma Nygren

13. BIRTHPLACE OF MOTHER (State or Country) Penna

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin A. Swanson

(Address) 588 No. Main St. W.B. Pa

15. Filed April 10 1919 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10 1919 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1919, to April 10 1919, that I last saw her alive on April 10 1919, and that death occurred, on the date stated above, at 5 40 a M. The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Duration) yrs. mos. 2 ds.

Contributory (Secondary) (Duration) 11 yrs. mos. ds.

(Signed) Xavier K. Collmann D.

April 10 1919 (Address) Wilkes Barre

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

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Hollenbach Cem DATE OF BURIAL April 10 1919

20. UNDERTAKER W. E. Doron & Sons ADDRESS Wilkes Barre Pa

HVS-2000S—150M—12-47

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 79691

Primary Dist. No. 40-28-02

Registered No. 1057

1. PLACE OF DEATH:
(a) County Luzerne
(b) Township
(c) Borough
(d) City Wilkes Barre
(e) Name of hospital or institution
(If not in hospital or inst. write street number or location)
(f) Length of stay: In hospital or inst. (g) In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Luzerne
(c) City or town Wilkes Barre
(If outside city or town limits, write RURAL)
(d) Street No. 553 N River
(If rural give location)
(e) If citizen of foreign country, name country

3. (a) FULL NAME Clara S Swanson

3. (b) If U. S. Veteran, complete reverse side of certificate

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 8 (Day) 1869 (Year)

8. AGE: Years 80 | Months | Days | Hours | Minutes

9. Birthplace Holland Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gustave Jenson
13. Birthplace Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bengt Peterson
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Allen
(b) Address 553 N. River Wilkes Barre Pa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 16 (Day) 49 (Year)
(c) Place Wilkes Barre County Luzerne State Pa
(d) Name of Cemetery Hollenback

18 (a) Signature of funeral director
(b) Address 8 N Main Pittston Pa

19. (a) Sept 17 1949 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 13
year 1949 hour 10 A minute — M. (E.S.T.)

21. I hereby certify that I attended the deceased from Sept 10, 1949 to Sept 13, 1949 that I last saw her alive on Sept 13, 1949 and that death occurred on the date and hour stated above.

DURATION
Years
Months
Days
Hours
Minutes

Immediate cause of death Acute Coronary Occlusion

Due to Coronary Sclerosis

Due to General arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Infant Deaths (If less than one day)
Age if born alive hours minutes
Stillborn (V)

Major findings: Of operations 4 2 1
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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)
While at work? (e) Means of injury

23. Signature R. S. Woehrle (M. D. or other)
Address Wilkes Barre Date signed 9.14.49

10

Form V. S. No. 5—50M—3-24-22.

525

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 667
Primary Registration District No. 51
File No. 109675
Registered No. 1100

1. PLACE OF DEATH
County of Luzerne
Township of
or Borough of
or City of Wilkes Barre Pa (No.) 533 No River St., Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME John Clarence Swanson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single
6. DATE OF BIRTH: May (Month) 12 (Day) 1910 (Year)
7. AGE: 13 yrs. 5 mos. 17 ds.
If LESS than 1 day how many .....hrs. or .....min.?
8. OCCUPATION
(a) Trade, profession, or, particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Wilkes Barre Pa
10. NAME OF FATHER: Charles Swanson
11. BIRTHPLACE OF FATHER (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Clara Bengston
13. BIRTHPLACE OF MOTHER (State or Country): Sweden

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Informant: Edwin A Swanson
(Address) 73 O'neil Ave W Barre Pa

Filed Oct. 15 1923 W. N. Gates
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 13 (Day) 1923 (Year)

17. I HEREBY CERTIFY, That I attended deceased from (all his life) 19 ..., to Oct-13 1923,
that I last saw h..... alive on ..... 19 ...,
and that death occurred, on the date stated above, at about 9 A M.
The CAUSE OF DEATH* was as follows:
Suffocation: Epileptic fit while his face was buried in his pillow. Found dead by mother soon after life became extinct.
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) Epilepsy
(Duration) about 13 yrs. — mos. — ds.

(Signed) Delbert Barney M. D.
Oct 14 1923 (Address) Wilkes-Barre Pa

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

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hollenback Cemetery — DATE OF BURIAL: Oct 15 1923
20. UNDERTAKER: H. E. Doron — ADDRESS: Wilkes Barre

CERTIFICATE OF DEATH

265

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
Luzerne
of
Wilkes-Barre

Registration District No. .....

Primary Registration District No. 40-28-01

File No. .....

Registered No. 1213

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

NAME Edward Nygren (East End Blvd.)

Residence, No. Wilkes-Barre Gen. Hosp. Ward. Semi-M
(Usual Place of Abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
White	Married

rried, widowed, or divorced
AND of WIFE of Hannah Johnson

OF BIRTH (month, day and year) Nov 23-1860

Years	Months	Days	IF LESS than 1 day
75	10	25	..... hrs. or ..... min.

PATION OF DECEASED
rade, profession, or lar kind of work Retired
eneral nature of industry, s or establishment in which ed (or employer) .....
me of employer

PLACE (city or town) or Country) Sweden

AME OF FATHER

IRTHPLACE OF FATHER (city or town) State or Country)

AIDEN
AME OF MOTHER

IRTHPLACE OF MOTHER (city or town) State or Country)

ant Albert Nygren
dress) E. E. Blvd.

Oct. 21, 1936 Thomas J. Ward
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct 18, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936 to Oct 18, 1936, that I last saw him alive on Oct 18, 1936 and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:
Congestive heart failure
95 C. 95
..... (duration) ..... yrs. ..... mos. ..... days

CONTRIBUTORY (Secondary) Arteriosclerotic cardio-vascular disease
..... (duration) ..... yrs. ..... mos. ..... days

18. Where was disease contracted if not at place of death? (over)

Did an operation precede death? No Date of 10/13/36

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B. Gibby - Jos. E. Beatty M.D.
Oct 18 1936 Wilkes-Barre Gen Hosp. (Address)

* 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Denison Cem	Oct-21 1936
20. UNDERTAKER	ADDRESS
W. E. Doran	Wilkes-Barre Pa

(OVER)

HVS-20009

Primary Dist. No. 4008-21

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 20

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) County Luzerne
(b) City or borough or township Forty Fort
(c) Name of hospital or institution: 17 Virginia Terrace
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 YR
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Luzerne
(c) City or town R D I. E.E. Bend
(If outside city or town limits, write RURAL)
(d) Street No. Wilkes Barre, Twp
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) FULL NAME MRS Jane Nygren

3. (b) If U. S. Veteran, complete reverse side of certificate | 3 (c) Social Security No. —

4. Sex F. | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Nygren | 6 (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 23, 1859 (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name no record
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert F. Nygren
(b) Address 17 Virginia Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hennison

18. (a) Signature of funeral director M. J. McLaughlin
(b) Address Wilkes Barre Pa

19 (a) Oct 1 1945 (Date received local registrar) (b) H E Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month September day 28 year 1945 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1943 to Sept 28, 1945; that I last saw her alive on Sept 26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Age 93 d

Due to 162 b

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

DURATION
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence —
(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)
While at work? — (e) Means of injury

23. Signature K. K. Cottmann (M. D. or other)
Address Wilkes Barre Pa Date signed 9-30-45

H105-143 Rev. 3-73

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL REG. NO. _____
PRIMARY DIST. NO. 40001-337

093195

Doesn't the mean - her stomach was totally removed?

1. DEATH OCCURRED IN: a. County Luzerne b. City or borough Wilkes-Barre

c. If death did not occur in City or borough, give name of township (Do not use R.D. or Box Number)

d. Full Name of Hospital or institution (if not in hospital, give street address) Wilkes-Barre General Hosp.

2. DECEASED'S MAILING ADDRESS a. Street address, R.D., or Box Number 17 Virginia Terrace

b. Post Office, State and Zip Code Forty Fort, Pa. 18704

3. VETERAN Yes ☐ No ☒

a. Which War _____ b. Serial No. _____

4. NAME OF DECEASED (Type or print) a. (First) VINNIE b. (Middle) C. c. (Last) NYGREN

5. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1977

6. WHERE DID DECEASED ACTUALLY LIVE? a. State Pa. b. County Luzerne

c. Did deceased live in a township?
☐ Yes, deceased lived in _____ township
☒ No, deceased lived within actual limits of Forty Fort city or borough.

7. SEX	8. RACE	9. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	10. DATE OF BIRTH	11. AGE (in years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
Fe	Wh		10-20-94	82				

12. USUAL OCCUPATION (even if retired) Practical Nurse | 13. SOCIAL SECURITY NO. 189-26-2773 | 14. BIRTHPLACE (State or foreign country) Wilkes-Barre, Pa. | 15. CITIZEN OF WHAT COUNTRY U.S.

16. FULL NAME OF SPOUSE _____

17. MOTHER'S MAIDEN NAME Hannah Johannson

18. FATHER'S NAME Edward NYGREN

19. INFORMANT'S NAME, ADDRESS AND ZIP CODE Mrs Hulda Laines, 17 Virginia Terrace Forty Fort Pa

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART 1. Death was caused by:

IMMEDIATE CAUSE (a) CARDIAC ARREST — INTERVAL BETWEEN ONSET AND DEATH: _____

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the immediate cause given in Part I (a)

TOTAL GASTRECTOMY

21. WAS AUTOPSY PERFORMED Yes ☐ No ☒

22. a. ACCIDENT Yes ☐ No ☐ | 22. b. DESCRIBE HOW ACCIDENT OCCURRED | 22. c. TIME OF ACCIDENT Hour m. E. T. Month Day Year

22. d. ACCIDENT OCCURRED While at work ☐ Not while at work ☐ | 22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.) | 22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 11:53 P.M. E. T.

a. Signature [illegible] M.D. or D.O. b. Address Kingston, Pa. c. Date signed 10-25-77

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐ | 24. b. DATE 10-18-77 | 24. c. NAME OF CEMETERY OR CREMATORY Denison | 24. d. LOCATION (City, Boro, Twp., & County) (State) Swoyersville, Luz. Pa.

25. DATE REC'D BY REG 10/17/77 | 26. REGISTRAR'S SIGNATURE STATE OFFICE S.S. No. | 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Hugh B. Hughes, Forty Fort, Pa.

HVS-20112—10-53 -10
(Fee for this Certificate, $1.00)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Nº 206021

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 713

Full Name of Deceased Edwin (First) A. (Middle) Swanson (Last)

Place of Death Lancaster General Hospital, (City, Borough or Township) Lancaster (County) Pennsylvania

Date of Death Sept. 3-1956 Social Security No. 177-05-0017 Race White

Marital Status Married, Sex Male Date of Birth April 10-1891

Occupation Salesman Birthplace Wilkes Barre-pa

If Veteran, which War ..... Veteran's Serial No. .....

	Interval between Onset and Death
Disease or Condition Leading Directly to Death (a) Respiratory Arrest	
Due to (b) Congestive Heart Failure	4 days
Due to (c) Myocardial Conjunction	

Accident, Suicide or Homicide ..... How did injury occur .....

Name and Title of Person Who Certified Cause of Death (M.D., ~~D.O.~~, Coroner) Dr. S.M. Hauck, Elmer L. Thompson

Address Lancaster General Hospital (Street) Lancaster-pa (City)

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the Division of Vital Statistics, Harrisburg, Pennsylvania for permanent filing.

DEPARTMENT OF HEALTH COMMONWEALTH OF PENNSYLVANIA

Corg G. Ross (Local Registrar of Vital Statistics) 36-340 (District No.)

230 E. King St. (Street Address) Lancaster Pa (City, Borough, Township)

Sept 4-1956 19..... (Date Received by Local Registrar)

Sept 17-1956 19..... (Date of Issue of This Certification)