

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

Do not use this space.

8181

**1. PLACE OF DEATH**

Comy.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo.

(No. Mo. Baptist Sanitarium)

File No.....

Registered No. 1655

St. .... Ward

**2. FULL NAME** Mable Swanson

(a) Residence, No. 4053 Washington Ave. St. 19 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

Female

White

Married

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

Harry Swanson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1893

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
35	10	21	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laclede

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Leo Bittiker

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

12. MAIDEN NAME OF MOTHER Sylvia Bryant

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

14. INFORMANT Harry Swanson

(Address) 4053 Washington Ave

15. FILED 1919 Max C. Standley REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 19 29

17.

I HEREBY CERTIFY, That I attended deceased from 1-14-1919, to 2-2-1919 that I last saw him alive on 2-2-1919, and that death occurred, on the date stated above, at 815.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Lobor  
Left 108  
110A

CONTRIBUTORY (SECONDARY) Empyemic Abscess (duration) yrs. mos. 18 da.  
1010A (duration) yrs. mos. 12 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 1010A  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) H. Swanson M. D.

2/3 .1919 (Address) Wall Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Centerville Iowa

DATE OF BURIAL

Feb. 5 19 29

20. UNDERTAKER

Swanson Und.

ADDRESS

Centerville Iowa

N. 2.—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.

235  
1  
26  
2

From the [unclear] [unclear]  
[unclear] [unclear] [unclear]