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

Do not use this space.

31656

File No. ____

Registered No. 185

1. PLACE OF DEATH
County: Randolph
Township: ____
City: Moberly (No. ____ ____ St. ____ Ward)

Registration District No. 135
Primary Registration District No. 3034

2. FULL NAME: Roland Eugene Swyningan

(a) Residence. No. 532 Winchester St., ____ Ward ____ (If nonresident give city or town and State)
(Usual place of abode)

Length of 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

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 31 1929

7. AGE: Years ____ Months ____ Days 24 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ____
(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) Missouri

PARENTS

10. NAME OF FATHER: Lindon Swyningan

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

12. MAIDEN NAME OF MOTHER: Leo Washington

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

14. INFORMANT: Leo Swyningan
(Address) 532 Winchester

15. FILED 9/25 1929 Dr. Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 25 1929

17. I HEREBY CERTIFY That I attended deceased from Sept. 25 1929, to 10 minutes later, 19____ that I last saw him alive on ____, 19____, and that death occurred, on the date stated above, at 11:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia (from history. The Baby died as I entered the house)
10 7/7 (duration) died about 2 weeks ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

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? History from mother

(Signed) L. E. Herbert, M. D.
9/25 1929 (Address) Moberly Mo.

*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: Oakland Cem.
DATE OF BURIAL: Sept 26 1929

20. UNDERTAKER: Robert L. Carr
ADDRESS: Moberly Mo.

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 A PERMANENT RECORD

OCT 24 1929