

NOV 21 1930

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

Do not use this space.

29339

1. PLACE OF DEATH

County *Cape Girardeau*Registration District No. *131*Township *Panola*Primary Registration District No. *6782*

City

(No. *R.R. #1 Cape Girardeau*)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. *R.R. #1 Cape Girardeau, Mo.* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Malvina Schweitman*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 12 - 1843*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

*87**6**4*day, hrs.
or min.

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Naxos, Germany

10. NAME OF FATHER

Chas. Schweitman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Malvina Nolan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

*Mr. H. R. Schweitman**R.R. #1 Cape Girardeau, Mo.*

15.

FILED

*Oct 30 1930**Oliver J. Miller -*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9/16* 19 *30*

17.

I HEREBY CERTIFY, That I attended deceased from *Sept 14*, 19 *30*, to *Sept 16*, 19 *30*that I last saw him alive on *Sept 15*, 19 *30*, and thatdeath occurred, on the date stated above, at *6:30* a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Chronic Nephritis**131**162*(duration) *2* yrs. mos. ds.CONTRIBUTORY *Prosthetic Dentistry*

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *Yes* - DATE OF *1927*WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *O. J. Miller*

M. D.

, 19

(Address) *1017 1/2**1017 1/2*

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Schweitman Cemetery**Sept 18 30*

20. UNDERTAKER

ADDRESS

*Albrentz**536 Broadway*

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.

