WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 29 1932

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

Do not use this space.

9766

File No. .....

Registered No. 39

1. PLACE OF DEATH

92 County St Charles — Registration District No. 757

4 Township St Charles — Primary Registration District No. 3036

8 City St Joseph Hosp. (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Lizzie Swinnen

(a) Residence. No. Fallon R2 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	7	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 235

(b) General nature of industry, business, or establishment in which employed (or employer) 122B

(c) Name of employer 129

9. BIRTHPLACE (CITY OR TOWN) Fallon Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Haller

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

12. MAIDEN NAME OF MOTHER Schulte

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

14. INFORMANT Geo. Swinnen
(Address) Fallon Mo R2

15. FILED 3/11, 1932 Hy. G. Blochauer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932, to Mar 10, 1932 that I last saw her alive on March 9, 1932, and that death occurred, on the date stated above, at Mar 10 - 2:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Neuro-Circulatory Collapse with peritonitis secondary to Volvulus (Intestinal Obstruction) (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Dilatation of Stomach (duration) ..... yrs. ..... mos. 3 ds.

122B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-1-32

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy (1)

(Signed) F. J. Faiatu, M. D.

, 19 (Address) St. Charles, 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~~	DATE OF BURIAL
Fallon Mo.	2/12 1932
20. UNDERTAKER	ADDRESS
E A Keithly	Fallon Mo