

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

Do not use this space.

~~12169~~
12169
File No. **12169**
Registered No. **27**
St. _____ Ward _____

1. PLACE OF DEATH
 36 County **Franklin** Registration District No. **297**
 8 Township **Washington** Primary Registration District No. **2016**
 7 City **Washington** (No. _____) St. _____ Ward _____

2. FULL NAME **Paul P. Swoboda**
 (a) Residence. No. **311 Rand Street** St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred **18** yrs. **0** mos. **0** 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 (*writes the word*) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXX~~ **Anna Piontek Swoboda**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 16, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 10 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Shoe Worker 86**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Farming**
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Washington**
 (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **John Swoboda**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

12. MAIDEN NAME OF MOTHER **Anna Nassauer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Austria 3**

14. INFORMANT **Mrs. Anna Piontek Swoboda**
 (Address) **311 Rand Street, Washington, Mo.**

15. FILED **April 9, 1932** **O. L. Munsch**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 8 1932**

17. I HEREBY CERTIFY, That I attended deceased from **March 31**, 19**32** to **April 8**, 19**32** that I last saw him alive on **April 8**, 19**32** and that death occurred, on the date stated above, at **5:50 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute mania
8484
 (duration) yrs. mos. **10** ds.
 CONTRIBUTORY (SECONDARY) **Exhaustion**
 (duration) yrs. mos. **1** ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. **Place of death**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **✓**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **no**
 (Signed) **J. D. Manpin**, M. D.
 , 19 **Washington, 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 **Catholic Cemetery, Washington, Mo.** DATE OF BURIAL **4/11 1932**

20. UNDERTAKER **Otto & Co., Washington, Mo.**
 ADDRESS _____

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.

1 MAY 24 1932

PARENTS

