

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.

JUL 27 1932

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170 File No. 20801
 Township St. Louis Heights Primary Registration District No. 26248A Registered No. 121
 City St. Louis (No. St. Mary Hosp.) Ward
 2. FULL NAME Mrs. Loral Sweeney
 (a) Residence. No. 1107 E Locust Centralia Ill.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred — yrs. 2 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Geo. Sweeney
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fallen Springs Illinois
 10. NAME OF FATHER W. T. Duellman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Illinois
 12. MAIDEN NAME OF MOTHER Helen Harris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mashville Tennessee
 14. INFORMANT Herschel Duellman
 (Address) St Louis mo
 15. FILED 6/2 1932 B. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 - 1932
 17. I HEREBY CERTIFY, That I attended deceased from 4/28 1932, to 6/1 1932
 that I last saw h. alive on 6/7 1932 at 9:35 P. m. and that death occurred, on the date stated above, at
 THE CAUSE OF DEATH* WAS AS FOLLOWS:—
Acute suppurative lateral sinus thrombosis (pt.) - septicemia.
550
815 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Brain tumor?
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF BIRTH? Illinois
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/1/32 + 5/26/32
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. J. W. W. W. M. D.
 (Address) St. Mary's Hosp. St Louis 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 Centralia Ill. DATE OF BURIAL June 4 1932
 20. UNDERTAKER B. L. Boygs ADDRESS Centralia Ill.

1932-6-11

~~1877-7-30~~

211

Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI,

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

1170 #2 20801

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Roland Swickard 121
Who died at Richmond Heights, Mo. on June 1, 1932,
(City) (County) (Date)
Residence: No. 1107 Locust St. Centerville Ill.
(If nonresident, city or town)
Length of residence in city or town where death occurred: Years — Months — Days —
Sex Female Color or race White Single, married, widowed or divorced: married
Date of birth 6/13-1891 Age: Years 40 Months 11 Days 18
Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation: Month 5 Year 1930
Birthplace (State or Country) Illinois
Birthplace of father (State or Country) Illinois
Birthplace of mother (State or Country) Tennessee
Principal cause of death: Acute suppurative lateral sinus thrombosis (etc.) & septicemia
Other contributory causes of importance Brain tumor
Name of operation Craniotomy Date of 5/3-32-
What test confirmed diagnosis? — Was there an autopsy? yes
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19 —
Where did injury occur? —
(Specify city or town county and State)
Specify whether injury occurred in industry, in home, or in public place.

5-20801