

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

Do not use this space.

13901

1. PLACE OF DEATH

County Mason
Township Mason
City Hannibal (No. St. Elizabeth Hospital)

Registration District No. 547
Primary Registration District No. 0079

File No. _____
Registered No. 114
St. 6 Ward)

2. FULL NAME Donna Jane Schwan

(a) Residence, No. 2421 Broadway St. 6 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 - 1927</u>		
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. <u>5 5 29</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo.</u>		
13. NAME <u>Gilbert E. Schwan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Great Falls Mont.</u>		
15. MAIDEN NAME <u>Norma J. Erickson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richfield Utah.</u>		
17. INFORMANT (ADDRESS) <u>Gilbert E. Schwan, Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet Cemetery April 7 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Schwan, Hannibal Mo.</u>		
20. FILED <u>Apr 8 1933</u> <u>O. Clausen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 - 1933

22. HEREBY CERTIFY, That I attended deceased from Apr 7 1933 to Apr 5 1933

I last saw him alive on Apr 5 1933 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:
Septicemia
Acute Pancreatitis

Date of onset March 30

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. Schwan, M. D.
(Address) Hannibal Mo

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.

MAY 22 1933

