

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, Mo.

Registration District No. _____
Primary Registration District No. _____
(No. Sunnyslope Hospital)

File No. 35274
Registered No. 1157
St. _____ Ward _____

2. FULL NAME Antonne Swarrez

(a) Residence, No. 2405 South 7th St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	18	2	25	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Home

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) Unknown
(STATE OR COUNTRY) Texas

13. NAME John Swarrez

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

15. MAIDEN NAME Josephine Ogiler

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

17. INFORMANT John Swarrez
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Oct. 17, 1934

19. UNDERTAKER Fleeman Mortuary, Inc.
(ADDRESS) St. Joseph, Mo.

20. FILED Oct 16 1934 John R. Bender
19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Oct 15, 1934
I last saw him alive on 10-14, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia T13
23A
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis tabularly 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) A J Smith, M. D.
(Address) St. Joseph, 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.

