

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

Do not use this space.

DEC 18 1936

40493

1. PLACE OF DEATH

County BUCHANANRegistration District No. 85Township WASHINGTONPrimary Registration District No. 1001City ST. JOSEPH(No. ST. JOSEPH HOSPITAL)

File No. _____

Registered No. 1474

St. _____ Ward _____

2. FULL NAME WILLIAM SWARTZ(a) Residence, No. 1501 BARTLETT ST. St. _____ Ward _____
(Usual place of abode)

(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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

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

WIDOWED6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 23, 1865

7. AGE

71

YEARS

MONTHS

10

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

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

LABORER

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) QUINCY, ILLINOIS

MOTHER FATHER

13. NAME

UNKNOWN

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

UNKNOWN

15. MAIDEN NAME

UNKNOWN

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

UNKNOWN17. INFORMANT HOSPITAL RECORDS
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE CITY CEMETERY DATE DEC. 1, 193619. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.20. FILED Dec 1, 1936 H. J. Nestel Registrar.
Safe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1936 36
viewed

22. I HEREBY CERTIFY, That I attended deceased from

Dec 27, 1936 to _____, 19____

I last saw h. i. m. alive on _____, 19____ Death is said

to have occurred on the date stated above, at 2:05 P. m.

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

Date of onset

Fractured skull, Received by Auto accident at 4th & Lafayette. Driver not drunk or blinded by Sun or lights

Other contributory causes of importance:

noneName of operation clinical Date of _____What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/20, 1936Where did injury occur? St. Joseph

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury Struck by AutoNature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. V. Tello et al - Coroner, M. D.(Address) St. Joseph, Mo.

