

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

Do not use this space.

32330

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St Louis (No. Maconne Hospital) St. Ward)

File No. 9423
Registered No. St. Ward)

2. FULL NAME Geo. A. Swiggert

(a) Residence. No. 53 57 Delmar St. 12 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1929 to Sept. 20, 1929 that I last saw him alive on Sept. 19, 1929, and that death occurred, on the date stated above, at 6 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 27, 1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 5 23

Cerebral hemorrhage

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

82A
102 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. 6 mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. PH

10. NAME OF FATHER Peter Swiggert

DID AN OPERATION PRECEDE DEATH? DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) "

19. WAS THERE AN AUTOPSY

12. MAIDEN NAME OF MOTHER Alidia Spore

WHAT TEST CONFIRMED DIAGNOSIS? Phys & 4 only

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) "

(Signed) Colon Cameron, M. D.

Sept. 20, 1929 (Address) Metropolitan Bldg.

*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.

14. INFORMANT Mrs. Bert Thurlow

(Address) Ind, mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Carrollton mo

Sept 20 1929

15. FILED SEP 21 1929 May C Starkey
REGISTRAR

20. UNDERTAKER

Alexander & Sons, 6195 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact date of death.

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Pompeii, 10