MAR 23 19[illegible]

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

Do not use this space.

4651

**1. PLACE OF DEATH**

11 County Buchanan. Registration District No. 85 File No.

5 Township Primary Registration District No. 1001 Registered No. 172

9 City St. Joseph (No. St. Joseph Hospital St. Ward)

**2. FULL NAME** Carl Albert Swenson

(a) Residence. No. 1316 Prospect Ave. St., Ward. (If nonresident, give city or town and State)
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married A |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 21, 1882

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 48 | 4 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Owner Dry Cleaning Co.
(b) General nature of industry, business, or establishment in which employed (or employer) 248
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Platt Co.
(STATE OR COUNTRY) Nebraska 2

PARENTS

10. NAME OF FATHER Lewis Swenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Sweden 24

12. MAIDEN NAME OF MOTHER Mary Peterson

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

14. INFORMANT Mrs Anna Swenson
(Address) 1316 Prospect Ave.-St. Joseph Mo.

15. FILED ..., 19... John R. Bender REGISTRAR

FEB 13 1931

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 13, 1931 that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 12/15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
128A
127B
129 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Ruptured gangrenous appendicitis, cholecystitis (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF Feb 8-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John J. Byrne, M. D.
Feb. 13 1931 (Address) St Joseph 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 Mt. Olivet Cemetery
DATE OF BURIAL Feb. 16 1931

20. UNDERTAKER H. O. Sidenfader
ADDRESS 1802 Union St.

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.